

**Board of Commissioners:**

Greg Hartmann, Chris Monzel, Todd Portune

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ADDENDUM 5

December 13, 2011

REQUEST FOR PROPOSALS TRANSPORTATION SERVICES RFP SB0111R

To All Registered Providers:

The deadline date for the answers to the questions that were asked was extended until December 13, 2011.
Sorry for the inconvenience.

Questions and Answers below:

Question1: Page 19, Section 1.2.3:

What have been the scores from all performance surveys for the past two years for your current vendor?

Answer:

See "Complaints Description" on attached "MonthlyReport".

See attached "Hamilton Surveys" PDF.

Question2: Page 19, Section 1.2.3:

What company is administering the surveys?

Answer:

uSPEQ®

6951 E. Southpoint Road

Tucson, AZ 85756, USA



Adult Protective Services (421-LIFE) • Cash & Food Assistance • Medicaid • Child Care Services
Child Support Enforcement • Children's Services (241-KIDS) • Workforce Development

CREDIBILITY • INTEGRITY • ACHIEVEMENT

Question3: Page 19, Section 1.2.3:
Please provide copies of surveys and survey results.

Answer:

**See “Complaints Description” on attached monthly report.
See attached “Hamilton Surveys” PDF.**

Question4: Page 23, Section 1.3.1:
The RFP mentions school buses. Does JFS currently require any school buses from your current provider?

Answer:

We do not.

Question5: Page 23, Section 1.3.1:
How many vehicles or trips are operated/provided by your current provider, and how many are brokered to third-party providers?

Answer:

See attached “NET Count Scheduled” for scheduled trips.

See attached “MonthlyReport” for delivered trips.

See attached “Trip distribution by sub” for the breakdown of trips by subcontractor .

Question6: Page 23, Section 1.3.1:
A list with the total annual number of trips performed by the provider and its third-party subcontractors would be ideal.

Answer:

See attached “Trip distribution by sub” for the breakdown of trips by subcontractor.

Question7: Page 34. Section F:
Has JFS suspended the requests or processing /payment of any invoices because of provider's non-compliance with contract terms, or rules/regulations?

Answer:

No

Question8: If so, please provide the reasons for suspension of processing or payment.

Answer:

N/A



Question9: Page 35, Section 2.7:

Please confirm that physical abuse and sexual molestation endorsement are requirements of all vendors.

Answer:

Physical abuse and sexual molestation endorsement are requirements for all vendors/providers/sub-contractors.

Question10: Please provide copies of all invoices received and paid in the past four months.

Answer:

See attached "Invoice covers"

Question11: Please provide a copy of the current contract and any negotiated addendum to the contract.

Answer:

See attached "Contract"

Question12: Please provide a list of the current approved subcontractors.

Answer:

Ride Right, Medacare, Wheels to go

Question13: Is there any consideration on thresholds for selecting DBE firms?

Answer:

No

Question14: Or firms utilizing subcontractors that are certified DBE?

Answer:

No

Question15: Section 1.2, 8, pp. 5-6 , states "Transportation services shall be provided at the request and authorization of HCJFS for transportation to Medicaid Providers who provide services such as, but not limited to: day treatment, medical, dental, therapy appointments, behavioral health treatment and/or to a pharmacy for prescribed medication. The authorization will be transferred electronically and encrypted to the Provider, who shall then provide the service."

Section 1.3.2, Page 24 states, "Provider will be responsible for scheduling eligible consumers for transportation. A web based application will be provided for Providers to use, to ensure consumers who call them for services are authorized.



Please clarify whether a.) clients will schedule transportation services directly through the Provider's call center and not through HCJFS; or b) Clients will schedule transportation through HCJFS, who will, in turn, transmit a file containing all scheduled trips to the Provider.

Answer:

Clients will schedule transportation through HCJFS, who will, in turn, transmit a file containing all scheduled trips to the Provider. Very rare circumstances may result in HCJFS authorization of trips at the time of delivery or shortly after.

Question16: If the answer is B, Please explain the coordination between HCJFS and the provider to handle "will-call" or return trip calls and "where's my ride" calls?

Answer:

Return trips are authorized by HCJFS at the time that the initial trip is authorized. The specific timing of that return trip may be established ahead of time or may require the provider to be available to receive and respond to a pick-up request from the consumer.

Question17: Section 1.22, A, 6, p. 15 states, "The Provider shall ensure that the response time for return trips, between receiving the call from the consumer and the vehicle arriving at the designated pick-up location, is within twenty (20) minutes or best proposed time by Provider."

Would HCJFS please revise this to read as follows, "The Provider shall ensure that the response time for return trips, between receiving the call from the consumer and the vehicle arriving at the designated pick-up location, is within forty (40) minutes or best proposed time by Provider."

Answer:

No. We will preserve the ability to discuss this in negotiations.

Question18: If answer to question 2 is no, will bidders receive negative scoring for proposing a forty (40) minute wait-time?

Answer:

Yes

Question19: Section 1.2.3, A, 5, Page 19 states, When the Consumer Satisfaction Survey of the Provider and Contractor(s) is eighty-five percent (85%) or less favorable, HCJFS reserves the right to invoke a requirement for quarterly surveys at the Provider's expense. After the second consecutive survey with results below eighty-five percent (85%), the Provider may be assessed a one-thousand dollar (\$1,000.00) penalty. Recovery will be recouped through invoice deduction."



Please provide the results of these surveys over the last two (2) years.

Answer:

See “Complaints Description” on attached “MonthlyReport”.

See attached “Hamilton Surveys” PDF

Question20: Section 1.3.1, Page 23 states that, “All vehicles used shall conform to, be equipped, a 2-way radio of sufficient watts to cover all Hamilton County and Tri State Region.”

Will a Nextel type 2-way with direct connect, or a cell phone be accepted?

Answer:

We would require the prospective provider to affirm that any selected technology is sufficient to cover the tri-state region.

Question21: Section 1.2.1, A, Page 14: states that there were “scheduled services for approximately 357,349 one way trips and delivered services for a total of approximately 210,914 one way trips.”

Please confirm this means that there is a current “no-show” or cancellation rate of over forty (40) percent.

Answer:

Latest and best data is for Jan through Sept of 2011. In that period, 265,681 trips were scheduled and 181,950 trips were delivered. That 32% no show rate is typical but could change in any future measure.

Question22: If no to the above, please explain the gap between trips scheduled and trips completed.

Answer:

N/A

Question23: Several items within the RFP advise proposer to redact certain information. Would HCJFS prefer a separate, redacted copy of our submission to use in response to open records requests?

Answer:

No. Redacted or confidential information should be rare and narrowly limited.

Question24: Is there a public, bid opening for proposals in response to this RFP?

Answer:

No



Question25: Stage 4, Page 38, If some of our permanent key staff members have not yet been identified, will scoring in regards to personnel qualifications be based on the start-up team and interim staff we propose combined with the qualifications we outline for permanent candidates who will be recruited upon contract award?

Answer:

Yes

Question26: Who is the incumbent provider, and how long have they provided these services to HCJFS?

Answer:

Medical transportation Management has been providing this service since 1/1/10.

Question27: Are subcontractors currently utilized by the incumbent provider?

Answer:

Yes

Question28: If subcontractors are utilized by existing provider, what are the names and contact numbers?

Answer:

**Ride Right, Medacare, Wheels to go
Contact information is available for each via Google**

Question29: Please provide the current rates for these services.

Answer:

Thirty-Four Dollars and Six Cents (\$34.06) (the "Unit Rate") per one-way vehicle trip per Customer (a "Trip").

Question30: What portion of these trips, if any is for non-ambulatory clients requiring lift vehicles?

Answer:

None. Lift vehicles are prohibited under the current contract.

Question31: How many vehicles are being used to service this contract? How many Drivers are actively operating these vehicles?

Answer:

159 vehicles and 164 drivers and/or monitors employed.

Question32: Please provide a list of vehicle make, model, year, and odometer readings for all vehicles operated under the current contract.

Answer:

See attached "Vehicles." No odometer readings are provided.



Question33: Are wheelchair lift vehicles required?

Answer:

No

Question34: If yes, to the above how many are currently being used?

Answer:

N/A

Question35: Does HCJFS or the current contractor have USDOT Numbers?

Answer:

Unknown. This is the technical expertise that we are purchasing through this RFP

Question36: Does HCJFS have a FTA or USDOT exemption for Intra-state or Inter-state transport of passengers?

Answer: Unknown. This is the technical expertise that we are purchasing through this RFP

Question37: If yes to the above would this be available to the contractor?

Answer:

Unknown. This is the technical expertise that we are purchasing through this RFP

Question38: Is the current contractor regulated through PUCO?

Answer:

Unknown. This is the technical expertise that we are purchasing through this RFP

Question39: Section 1.1, page 4, Introduction & Purpose of the Request for Proposal- It is stated that you are “seeking proposals for the purchase of non-brokerage transportation services.” Please clarify if it will be acceptable that the Provider is a pure transportation broker, a broker that does not own any transportation assets?

Answer:

Without parsing the definition of Broker, prospective providers are not required to deliver any transportation services directly.

Question40: Section 1.1, page 4, Introduction & Purpose of the Request for Proposal – In this same section you state that “HCJFS desires a single Provider to deliver services.” Does this mean that you expect that single provider to operate vehicles and employ drivers?

Answer:

No. It means that we expect to hold only one contract with one entity who is accountable for all elements of contracted service delivery either directly and/or through subcontracts.

Question41: Section 1.1, page 4, Introduction & Purpose of the Request for Proposal- The RFP states that “if the selected Provider uses subcontracts to meet service delivery need...” Is it correct to assume that a pure broker can perform all the transportation work thru subcontractors and again is not required to own any vehicles or employ any drivers?

Answer:

That is correct.

Question42: Section 1.2(A)(2), page 5, Scope of Service- Is it correct to assume that the individuals desiring or needing transportation will contact HCJFS and such requests will then be transmitted to the Provider to arrange transportation?

Answer:

Yes, but – as discussed above – the provider will need to have capacity to schedule in real time for pick up and return home from dialysis and similar prior authorized two way trips.

Question43: Section 1.2(A) (2), page 5, Scope of Service- Will the vendor take reservation requests as well?

Answer:

No, or only in exceptionally narrow circumstances using protocols established well before with HCJFS.

Question44: Section 1.2(A)(2), page 5, Scope of Service- Will HCJFS be determining eligibility?

Answer:

Yes. However we may rely upon input from the provider regarding rider behavior, clinical need, and appropriateness for this level of care transportation.

Question45: Section 1.2 #13, page 6, Scope of Service- How are the transportation providers reimbursed for services rendered?

Answer:

See RFP, Section 2.3 Budgets, and Cost Consideration, E. Invoices



Question46: Section 1.2 #13, page 6, Scope of Service- Will HCJFC pay the claims or will the selected vendor do so?

Answer:

HCJFS shall pay the provider. Provider responsible to compensate subcontractors.

Question47: Section 1.2 (B) (2), page 7, Scope of Service- Can the driver and monitor be the same person?

Answer:

In this circumstance, yes. The provider should be prepared to provide both a driver and a monitor for any trip identified by HCJFS as needing that level of service.

Question48: Section 1.2 (C)(5), page 9, Scope of Service- It is stated that wheelchair accessible vans are not required and that the Provider's staff is not expected to load or unload riders or their equipment. Based on the examples of the riders to be expected, children in wheelchairs are cited. How are those individuals in wheelchairs able to be loaded into the vehicle if a wheelchair accessible vehicle is not used and the driver doesn't assist in the loading process?

Answer:

Parent, teacher, or caretaker is expected to fold and load the wheelchair.

Question49: Section 1.2 #10, page 10, Additional requirements for Children's Services NET Consumers- The samples listed of example riders mention wheelchair bound minors who may not ambulate. Is this population eligible for paralytic vehicles and the other three required to transfer?

Answer:

No. The rider, their parent, teacher, or caretaker is expected to fold and load the wheelchair.

Question50: Section 1.2.1, page 14, Population- Could you please provide the following trip data: a monthly trending of NEMT completed trips by mode of transportation for the most recent 24 month period?

Answer:

See attached "MonthlyReport" for 1/10-9/11 data.

Question51: Section 1.2.1, page 14, Population- Could you please provide the number of eligible members trended monthly for the most recent 24 month period?

Answer:

See attached "Monthly Eligible Member " report.



Question52: Section 1.2.1, page 14, Population- Could you please provide a breakdown of modes of transportation for the completed trips such as ambulatory, wheelchair, stretcher etc.

Answer:

All trips are provided with vehicles that are not specially equipped – for riders that can load/be loaded without assistance from the driver/monitor – and are delivered by staff without the need for any medical skills or training.

Question53: Section 1.2.2 #1, page 15, Service Components- Question 1 indicates the vendor will have a toll free number available 24/7 for consumers to contact. Is the intent for this line to answer questions pertaining to rides that have been completed?

Answer:

Yes, or complaints, or inquiries, or crises. Trips may be delivered any hour of the day or night. The provider should be reliably available to customers, HCJFS, medical provider destinations, parents, and other stakeholders.

Question54: Section 1.2.2 # 4, page 15, Service Components- This section indicates individuals will be required to transport on their own from their wheelchair to the vehicle. Are paralift vehicles a covered mode of transportation under this contract?

Answer:

No

Question55: Section 1.2.2(A) (11), page 16, Service Components- If HCJFS is providing the Provider with all trip requests, how would the Provider be receiving transportation requests directly from the consumer?

Answer:

The provider will need to have capacity to schedule in real time for pick up and return home from dialysis and similar prior authorized two way trips.

Question56: Section 1.2.2(A) (11), page 16, Service Components- Isn't HCJFS checking eligibility and authorizing each trip?

Answer:

Yes

Question57: Section 1.2.2(A) (11), page 16, Service Components- Who determines which medical emergency is not severe enough to warrant an ambulance?

Answer:

The provider. If the provider determines that an ambulance is needed, they would have an obligation to call 911.



Question58: Section 1.2.3, page 19, Performance and Service Feedback- If the vendor has an internal group who are solely dedicated to customer satisfaction surveys, may the vendor utilize the in-house group to perform the service feedback functions?

Answer:

No. There is not sufficient distance from the provider to avoid bias.

Question59: Section 1.3.1, page 23, Vehicles and Equipment Requirements - Instead of 2-way radios, can mobile phones be used?

Answer:

See #20 above.

Question60: Section, 2.3, page 29, Budget and Cost- We are a transportation broker and as such we would contract directly with the transportation providers. Would HCJFS consider alternative pricing methods such as administrative services only, cost-plus an administrative percentage, or risk corridors?

Answer:

No

Question61: Section, 2.3, page 29, Budget and Cost- Would HCJFS consider a capitated arrangement where they would make monthly payments to the broker? These payments would be based on a capitated Per Member Per Month fee times the number of eligible members for the month.

Answer:

No

Question62: Attachment A, Unit Rates-Should we provide a separate Unit Rate for ambulatory and wheelchair trips?

Answer:

No. We are not purchasing those type of trips.

Question63: Attachment C, Budget Instruction- Please clarify whether all expense categories (all line items) should be allocated to each separate population group?

Answer:

Yes, all expense categories (all line items) should be allocated to each separate population group as listed on Attachment C – Budget.

Question64: Attachment C, Budget Instruction- Page 1 cell B11 is linked to Page 2 cell F22 – Annual Cost. Is this correct?

Answer:

Yes, that is correct.

Question65: General Question, What have HCJFS' total NET expenditures been for the last two years?

Answer:

See attached "MonthlyReport"

Question66: Other than the circumstances described for monitors for Children Services, are monitors required to at all times when there are unaccompanied children?

Answer:

No

Question67: Will HCJFS request monitors for unaccompanied children in all situations as needed or will provider determine the level of need, based on shared rides, for monitors?

Answer:

The provider is obliged to provide a monitor in any case requested by HCJFS. They may also provide additional monitors as they see fit. We work regularly with the current provider to make sure requests are reasonable and that criteria are consistent.

Question68: Page 26, Section 2.2: This section of the RFP instructs bidders to answer all questions in two separate and distinct responses. Could HCJFS clarify what this means? Does this simply mean that questions in Section 2.2.1 and 2.2.2 should be answered apart from each other?

Answer:

Good question. Yes, and do please respond to each question in a clearly separate response rather than melding multiple responses into a longer mixed narrative.

Question69: Attachment A – RFP Submission Checklist states that the due date Friday, January 18. Please verify that the due date is actually Friday, January 20th at 11:00am.

Answer:

The actual due date is Friday, January 20th at 11:00am.

Question70: Page 29 says rates will be submitted as in Attachment C, but Attachment C does not appear to be a part of the RFP package. Would you please forward this document?

Answer:

Attachment C is located on the following websites:

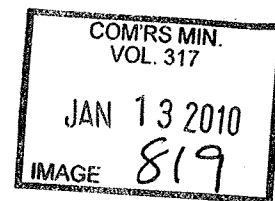
<http://www.hcjfs.hamilton-co.org/RFP/rfp.htm>, click on Addendum 1.



On motion of Mr. Pepper, seconded by Mr. Portune the resolution was adopted.

RESOLUTION NUMBER J014-10

AUTHORIZING EXECUTION OF AN AGREEMENT BETWEEN MEDICAL
TRANSPORTATION MANAGEMENT SERVICES, INC (MTM) AND THE
BOARD OF HAMILTON COUNTY COMMISSIONERS ON BEHALF OF
THE HAMILTON COUNTY DEPARTMENT OF JOB AND FAMILY
SERVICES FOR NON EMERGENCY TRANSPORATION SERVICES



BY THE BOARD:

WHEREAS, the Hamilton County Department of Job and Family Services ("HCJFS") has a mandate to procure Non-Emergency Transportation Services for transportation services to Medicaid eligible consumers under the Non-Emergency Transportation program, a program that provides non-emergency transportation to Medicaid recipients to and from Medicaid Title XIX providers, who supply Medicaid reimbursable services. Title XIX of the Social Security Act (known as Medicaid) provides federal cost-sharing for each state's Medicaid program. HCJFS is the pass through agency for this service; and

WHEREAS, in accordance with O.R.C. 307.12 and 307.86 et seq., HCJFS advertised for competitive bids for the Non-Emergency Transportation, Pregnancy Related, Healthcek and Non-Emergency Transportation for Children's Services via Request for Proposals MB1109R (the "RFP"); and

WHEREAS, bids were received from Petermann, LLC and Medical Transportation Management, Inc with rates of \$49.73 and \$34.06, respectively Per One Way Trip; and

WHEREAS, the bid submitted by Medical Transportation Management, Inc. was evaluated and determined to have met the requirements of the RFP; and

WHEREAS, HCJFS recommends to this Board, based upon its evaluation, that the RFP, be award to Medical Transportation Management, Inc.; and

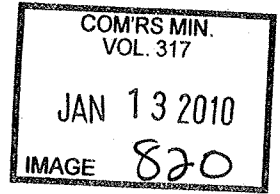
WHEREAS, the Initial Contract term will be January 1, 2010 through December 31, 2011; and

WHEREAS, 2010 expenditures will be paid using Purchase Order # 537066; and

WHEREAS, the Total Dollar Value of the Initial Term shall not exceed \$16,990,841.00.

NOW, THEREFORE, BE IT RESOLVED that the Board of County Commissioners, Hamilton County, Ohio authorizes the County Administrator to enter into the agreement with Medical Transportation Management, Inc. (MTM) for Non-Emergency Transportation, Pregnancy Related Services, Healthcek and Non-Emergency Transportation for Children's Services.

BE IT FURTHER RESOLVED that the Clerk of the Board is hereby directed to certify copies of this resolution to Patrick Thompson, County Administrator; Moira Weir, Director, Job and Family Services; Lora Wolfe, Contract Services Director, Job and Family Services; Donald C. Tiemeyer, Executive Vice President, General Counsel, Medical Transportation Management, Inc. (MTM) and Dusty Rhodes, County Auditor.



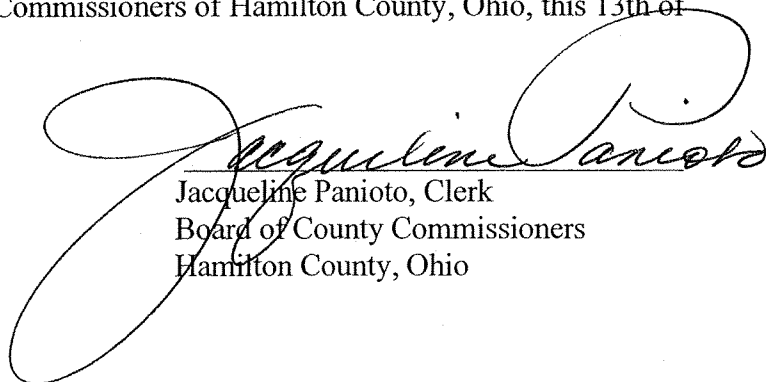
ADOPTED at a regularly adjourned meeting of the Board of County Commissioners of Hamilton County, Ohio, this 13th of January, 2010.

Mr. Hartmann YES Mr. Pepper YES Mr. Portune YES

CERTIFICATE OF CLERK

IT IS HEREBY CERTIFIED that the foregoing is a true and correct transcript of a resolution adopted by the Board of County Commissioners of Hamilton County, Ohio, the 13th of January, 2010.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Board of County Commissioners of Hamilton County, Ohio, this 13th of January, 2010.



Jacqueline Panioto, Clerk
Board of County Commissioners
Hamilton County, Ohio

Contract # _____

HAMILTON COUNTY DEPARTMENT OF JOB & FAMILY SERVICES

PURCHASE OF SERVICE CONTRACT

This Contract is entered into on Jan 13, 2010 between the Board of County Commissioners, Hamilton County, Ohio (the "County") on behalf of the Hamilton County Department of Job & Family Services ("HCJFS") and Medical Transportation Management, Inc., (the "Vendor"), with an office at 16 Hawk Ridge Drive, Lake Saint Louis, MO, 63367, whose telephone number is (636) 561-5686, for the purchase of Non-Emergency Transportation Services.

1. TERM

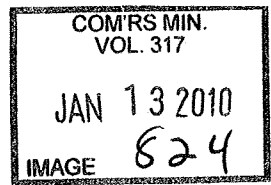
This Contract will be effective from January 1, 2010 through December 31, 2011(the "Initial Term") inclusive, unless otherwise terminated or extended by formal amendment.

The total amount of this Contract can not exceed Sixteen Million Nine Hundred Ninety Thousand Eight Hundred Forty-One Dollars (\$16,990,841.00) over the Initial Term of this Contract.

This Contract may be renewed for one (1) additional two (2) year term (the "Renewal Period") at the discretion of HCJFS. HCJFS agrees to give Vendor written notice at least sixty (60) days prior to the expiration of the Initial Term, of its intention to renew.

2. SCOPE OF SERVICE

Subject to terms and conditions set forth in this Contract and the attached exhibits (such exhibits are deemed to be incorporated into this Contract as if set forth herein), Vendor agrees to provide Non-Emergency Transportation ("NET), Pregnancy Related, Healthcek and Non-Emergency Transportation for Children's Services (the "Services") to Customers as described in Exhibit I Request for Proposal for Transportation Services (RFP #MB1109R); Exhibit II – Vendor's Proposal for Transportation Services dated August 10, 2009; Exhibit III – Budget; Exhibit IV –Detailed Report; Exhibit V - Form of Client Authorization; and Exhibit VI – Invoice Details. For purposes of this Contract, a "Customer" shall mean a Medicaid eligible individual.



3. ORDER OF PRECEDENCE

This Contract is based on Exhibits I, II, III, IV, V and VI. This Contract and all exhibits are intended to supplement and complement each other and shall, where possible, be so interpreted. However, if any provisions of this Contract irreconcilably conflicts with an exhibit, this Contract takes precedence over the exhibits. In the event there is inconsistency between the exhibits, the inconsistency will be resolved in the following order:

- A. Exhibit I - The Request for Proposal;
- B. Exhibit II - Vendor's Proposal;
- C. Exhibit III – Budget;
- D. Exhibit V - Form of Client Authorization;
- E. Exhibit VI – Invoice Details; then
- F. Exhibit IV – Detailed Report

4. CLIENT AUTHORIZATIONS

HCJFS staff will enter all Client Authorizations into the HCJFS application. The Client Authorizations will be in the form attached hereto as Exhibit V – Form of Client Authorization. New or changed Client Authorizations will be uploaded and placed at the HCJFS designated Secure File Transfer Protocol ("SFTP") site twice daily (Noon and 3:00 PM). Urgent Client Authorizations (those needing attention within the next 48 hours or less) will be uploaded and placed every half hour. The Vendor shall download the Client Authorization(s) and provide the transportation described on such form.

HCJFS reserves the right to change the structure and/or content of the Transportation Authorization Orders files.

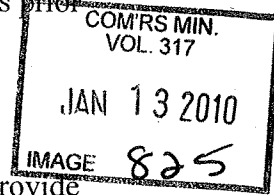
A. Service for Which Prior Client Authorization Is Required

Subject to paragraph B, Vendor agrees that it will only provide Services to Customers which have been previously authorized and approved, in writing by HCJFS via a Client Authorization.

HCJFS will not pay for any Service that: i) has not been authorized via a Client Authorization, or ii) exceeds the approved number of trips on the Client Authorization.

It is the responsibility of Vendor to monitor the number of trips set forth on each Client Authorization. Vendor agrees that it will not receive payment for: i) any Service that exceeds the number set forth on the Client Authorization or ii) for which no Client Authorization has been issued.

Vendor is responsible for requesting additional Client Authorizations prior to the time such additional Services are rendered.



B. Service for Which No Prior Client Authorization Is Required

Notwithstanding anything to the contrary herein, Vendor may provide Services to Customers for which no prior Client Authorization was issued, so long as the following apply:

1. The Customer has an unanticipated need for medical transportation services, which does not rise to the level to require transport by ambulance; and
2. To the extent HCJFS NET/PRS staff are not available, prior to the time Services are rendered, Vendor has left a voice message for such staff with the name of the Customer, Social Security number of the Customer, nature of emergency, addresses for pick up and drop off, and date and times of pick up and drop off.

HCJFS' NET/PRS staff shall forward electronic encrypted authorization to the Vendor upon retrieval of the voice message.

To the extent additional anticipated Services (other than those Services for which Paragraph B applies) are required for any Customer who has previously received unanticipated Services under Paragraph B, Vendor will only be paid for any additional Services which have been previously authorized and approved pursuant to the procedure set forth in Paragraph A.

5. TRANSPORT OF CHILDREN'S SERVICES CUSTOMERS

- A. Non-Emergency Children's Services Customers shall not be transported with the general NET/PRS population.
- B. Non-related Children's Services Customers may be transported together unless specifically stated in the Client Authorization(s).

6. REPORTS

A. Required Documentation and Reporting

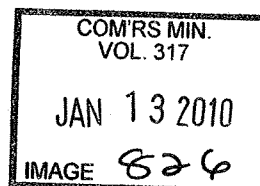
Records of all Service provided to all Customers and all expenses incurred in relation to the provision of Services must be maintained. Vendor will provide standard monthly reports to HCJFS fully addressing the categories set forth on Exhibit IV - Detailed Report , attached hereto and incorporated herein by reference.

B. Additional Reports

HCJFS reserves the right to request additional reports at any time during the Contract period. Vendor shall use its best efforts to provide such

additional reports within ten calendar (10) days of receipt of the request. In no event will HCJFS withhold payment to Vendor pending receipt of any additional, non-standard reports.

Vendor shall provide access to HCJFS of any of HCJFS' data relating to the provision of Services, in whatever media stored. Access shall include but is not limited to viewing data, generating reports and downloading data which Vendor has used, collected, input and saved in relation to the Services.



7. COMPENSATION

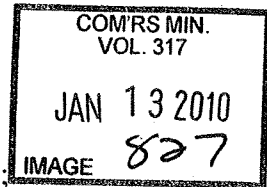
A. Unit Rate Calculation

Vendor has prepared a budget for the time period beginning January 1, 2010 and ending December 31, 2011, attached hereto and incorporated herein by reference as Exhibit III - Budget (the "Budget"), which Vendor understands will be the basis of calculation of the Unit Rate that will be used to compensate Vendor for Services it provides under this Contract. Vendor warrants and represents that such Budget is based upon current financial information and projections. Vendor agrees that it will notify HCJFS, in writing, within five (5) business days when it knows or should have known that the information contained in the Budget is inaccurate or contains errors.

Vendor warrants and represents that the following costs were not included in the Budget and that these costs will not be included in any invoice submitted for payment:

1. bad debt or losses arising from uncollectible accounts and other claims and related costs; bonding costs; contributions to a contingenc(ies)y reserve or any similar provision for unforeseen events;
2. contributions, donations or any outlay of cash with no prospective benefit to the facility or program;
3. entertainment costs for amusements, social activities and related costs for staff only;
4. costs of alcoholic beverages;
5. goods or services for personal use;
6. fines, penalties or mischarging costs resulting from violations of, or failure to comply with, laws and regulations;
7. gains and losses on disposition or impairment of depreciable or capital assets;

8. cost of depreciation on idle facilities, except when necessary to meet contract demands;
9. costs incurred for interest on borrowed capital or the use of a governmental unit's own funds, except as provided in paragraph (n) of rule 5101:2-47-25 of the Ohio Administrative Code;
10. losses on other contracts;
11. organizational costs such as incorporation, fees to attorneys, accountants and brokers in connection with establishment or reorganization;
12. costs related to legal and other proceedings;
13. goodwill;
14. asset valuations resulting from business combinations;
15. legislative lobbying costs;
16. cost of organized fund raising;
17. cost of investment counsel and staff and similar expenses incurred solely to enhance income from investments;
18. any costs specifically subsidized by federal monies with the exception of federal funds authorized by federal law to be used to match other federal funds;
19. advertising costs with the exception of service-related recruitment needs, procurement of scarce items and disposal of scrap and surplus;
20. cost of insurance on the life of any officer or employee for which the facility is beneficiary;
21. major losses incurred through the lack of available insurance coverage; or,
22. cost of prohibited activities from section 501(c)(3) of the Internal Revenue Code.



B. HCJFS agrees to compensate the Vendor Thirty-Four Dollars and Six Cents (\$34.06) (the "Unit Rate") per one-way vehicle trip per Customer (a "Trip").

C. Profit Margin

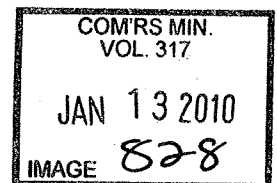
Vendor and HCJFS agree that the profit margin set forth in the Budget will not be more than six percent (6%) during the term of the Contract. To the extent Vendor's profit margin exceeds six percent (6%); the parties agree to negotiate, in good faith, any modification to the Budget. If a modified Budget cannot be agreed to by the parties after no less than a thirty (30) day period of good faith negotiations, either party may

terminate this Contract with no less than sixty (60) days prior written notice. Although the parties recognize that the Services provided require a complex array of transportation services from non-emergency medical to regulated school transportation operation twenty-four (24) hours per day, seven (7) days per week, and three hundred sixty-five (365) days per year, in no event, however, can Vendor's profit margin exceed six percent 6%.

8. BILLING AND PAYMENT

- A. Vendor shall submit a separate original invoice for NET, PRS/Healthcheck and NET Children's Services. Each original invoice shall be sent via encrypted email and be sent each month to NET Fiscal Coordinator, 1st Fl, Hamilton County Dept. of Job and Family Services, 222 East Central Parkway, Cincinnati, Ohio 45202 within thirty (30) days of the end of the service month. Vendor shall make all reasonable efforts to include all Services provided during the service month on each of the above described invoices. Vendor shall indicate the following on all invoices submit for payment:

1. Vendor's name and address;
2. Federal Taxpayer ID
3. Purchase order number
4. Program identification;
5. Invoice date and number;
6. Billing period; and
7. Total amount due for billing period.



Vendor is required to update its data to reflect the status of any requested Trip and the applicable Unit Rate for each Trip requested. Vendor must submit an "Invoice Details file" monthly to HCJFS via the HCJFS designated SFTP site as referenced in Exhibit VI – Invoice Details. HCJFS reserves the right to change the structure and/or content of the "Invoice Details file".

- B. HCJFS reserves the right to withhold payment until such time as requested and/or required reports are received.
- D. HCJFS will not make payment for any Service, from either an original invoice or a supplemental invoice, which is submitted to HCJFS more than sixty (60) calendar days from the end of the service month. The HCJFS Fiscal Department has the final authority in determining if an invoice is either received timely or is accurate.
- E. For invoices which are received timely but are not accurate, there will be no extension of the time limitation set forth in paragraph D for re-submission of an invoice.

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- F. For accurate invoices that are received timely, HCJFS will make payment within thirty (30) calendar days after receipt of the invoice for all invoices received in accordance with the terms of this Contract. HCJFS will only pay for those Services for which Vendor has complied with Section 4 – Client Authorizations.

9. AVAILABILITY AND RETENTION OF RECORDS

Vendor agrees that all records, documents, writing or other information, including, but not limited to, financial records, census records, client records, and documentation are in compliance with the all federal, state, and local laws and regulations. All records, documents, writings or other information, including, but not limited to financial, census and client records used by Vendor in the performance of this Contract are subject to the following.

- A. All records relating to costs, work performed and supporting documentation for invoices submitted to HCJFS by Vendor, along with copies of all deliverables submitted to HCJFS pursuant to this Contract, will be retained and made available by the Vendor for inspection and audit by HCJFS, or other appropriate governmental entities including, but not limited to the Hamilton County Prosecuting Attorney, Ohio Department of Job and Family Services (“ODJFS”), the Auditor of the State of Ohio, the Inspector General of Ohio, the United States Department of Health and Human Services, or any duly appointed law enforcement officials and for a minimum of six (6) years after reimbursement for Services rendered under this Contract.
- B. If an audit, litigation or other action is initiated during the time period of the Contract, the Vendor shall retain such records until the action is concluded and all issues are resolved or the six (6) years have expired, whichever is later.
- C. Vendor agrees that it will not use any information, systems or records made available to it for any purpose other than to fulfill the contractual duties specified herein, without the written permission of HCJFS. Vendor further agrees to maintain the confidentiality of Customers served. No information on Customers served will be released for research or other publication without the express written consent of the HCJFS Director.
- D. Vendor agrees to keep all financial records in a manner consistent with generally accepted accounting principles.
- E. Vendor agrees that each financial transaction shall be fully supported by appropriate documentation. Vendor further agrees that such documentation shall be available for examination by HCJFS or its designee.

10. NO ASSURANCES

Vendor acknowledges that, by entering into this Contract, HCJFS is not making any guarantees or other assurances as to the extent, if any, that HCJFS will utilize Vendor's services or purchase its goods. Notwithstanding the above, HCJFS agrees that it will only utilize other vendors if there is a material and substantial change in the quantity, funding, or design of the NET program or in cases where federal, state, or local laws, regulations, or policies require or formally recommend in writing that HCJFS use other cost saving transportation methods.

11. PROGRAM DESCRIPTION

Any program description intended for internal or external use shall state that referrals and funding are provided by HCJFS.

12. CONFLICT OF INTEREST

This Contract in no way precludes, prevents, or restricts the Vendor from obtaining and working under an additional contractual arrangement(s) with other parties aside from HCJFS, assuming that the contractual work in no way impedes the Vendor's ability to perform the Services required under this Contract.

The Vendor warrants that at the time of entering into this Contract, it has no interest in nor shall it acquire any interest, direct or indirect, in any contract, which will impede its ability to perform the Services under this Contract.

The Vendor further agrees that there is no financial interest involved on the part of any HCJFS or County officers or employees involved in the development of the specifications or the negotiation of this Contract. The Vendor has no knowledge of any situation, which would be a conflict of interest.

It is understood that a conflict of interest occurs when a HCJFS or County officer or employee will gain financially or receive personal favors as a result of the signing or implementation of this Contract. The Vendor will report the discovery of any potential conflict of interest to HCJFS.

If a conflict of interest is discovered during the term of this Contract, HCJFS may exercise any right under the Contract, including termination of the Contract.

Vendor further agrees to comply with state ethics laws, including but not limited to, ORC Sections 102, 2921 and OAC Section 5101. By signing this Contract, Vendor certifies to be in compliance with these provisions and any other applicable state ethics laws.

13. ASSIGNMENT AND SUBCONTRACTING

The parties expressly agree that this Contract shall not be assigned by Vendor without the prior written approval of HCJFS. Vendor may not subcontract any of the Services agreed to in this Contract without the express written consent of the HCJFS. All subcontracts are subject to the same terms, conditions, and covenants contained within this Contract. Vendor agrees it will remain primarily liable for the provision of all deliverables under this Contract and it will monitor any approved subcontractors to assure all requirements under this Contract are being met. HCJFS acknowledges and agrees that the following subcontractors may perform services in relation to this Contract: Ride Right, LLC, Meda-Care Transportation, Wheels To Go Transportation and Med-Corps, Inc.

All subcontractors are subject to the same terms, conditions, and covenants contained within this Contract.

Notwithstanding any other provisions of this Contract that would afford Vendor an opportunity to cure a breach, Vendor agrees the assignment of any portion of this Contract or use of any subcontractor, without HCJFS' prior written consent, is grounds for HCJFS to terminate this Contract with one (1) day prior written notice.

Without limiting HCJFS' right to terminate the Contract pursuant to this section, Vendor must notify HCJFS within one (1) business day when Vendor has knowledge that the subcontractor is out of compliance or unable to meet contract requirements. Should this occur, Vendor will immediately implement a process to bring subcontractor into compliance. Vendor shall provide HCJFS with written plan setting forth with specificity how compliance will be achieved.

If Vendor decides to terminate such subcontractor's contract, Vendor shall notify HCJFS of subcontractor's reason of termination and given written notice to HCJFS of a proposed replacement subcontractor. Vendor is responsible for making direct payment to all subcontractors for any and all services provided by such subcontractor.

14. GOVERNING LAW

This Contract and any modifications or amendments shall be governed, construed, and enforced under the laws of Ohio.

15. INTEGRATION AND MODIFICATION

This instrument embodies the entire contract of the parties. There are no promises, terms, conditions or obligations other than those contained herein; and this Contract shall supersede all previous communications, representations or contracts, either written or oral, between the parties to this Contract. This Contract shall not be modified in any manner except by an instrument, in writing, executed by the parties to this Contract.

Vendor acknowledges and agrees that only staff from the Contract Services Section of HCJFS may initiate contract changes. In no event will an oral agreement with HCJFS be recognized as a legal and binding change to this Contract.

16. SEVERABILITY

If any term or provision of this Contract or the application thereof to any person or circumstance shall, to any extent be held invalid or unenforceable, the remainder of this Contract or the application of such term or provision to persons or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected thereby and each term and provision of this Contract shall be valid and enforced to the fullest extent permitted by law.

17. TERMINATION

A. For Convenience

This Contract may be terminated by either party upon notice, in writing, by delivering upon the other party a notice of termination not less than One Hundred Twenty (120) days prior to the effective date of termination.

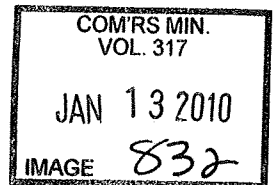
B. For Cause

1. Material Breach

In the event of a Material Breach of this Contract by Vendor, HCJFS may terminate this Contract, upon thirty (30) days prior written notice to Vendor specifying the nature of the breach; provided that Vendor shall have the opportunity to cure such breach within such thirty (30) day notice period. Any extension of time to cure any breach given to Vendor by HCJFS shall be in writing and will not operate to preclude the future exercise of any rights or remedies HCJFS may have under this Contract.

If Vendor has received three (3) previous notices from HCJFS specifying either a breach or breaches of this Contract by the Vendor, a fourth notice by the HCJFS to the Vendor specifying additional breach(es) of this Contract may result in termination of this Contract, at the option of HCJFS, upon seven (7) days prior written notice without an opportunity for Vendor to cure such breach.

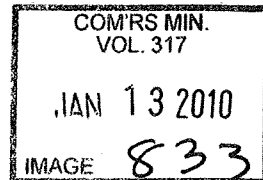
Material Breach shall mean an act or omission by Vendor which violates or contravenes an obligation required of the Vendor under this Contract and which, by itself or together with any other breach, has a substantial negative effect on, or thwarts, the purpose of this Contract. Material Breach shall not include an act or omission which is merely a technical or immaterial variation from the form of the Contract, or which has a trivial or negligible effect on quality, quantity, or delivery of the goods



or services to be provided under this Contract, to the extent that in the opinion of HCJFS such technical or non-material variation does not rise to the level of a Material Breach when viewed in light of Vendor's overall conduct under this Contract.

2. Other Reasons

Notwithstanding the above, based on substantiated allegations of inappropriate activities, behaviors and/or actions including, but not limited to, loss of required license, abuse or neglect of a Customer, unethical behavior, or business violations, HCJFS reserves the right to terminate the Contract immediately upon delivery of a written termination notice to Vendor.



C. Effect of Termination

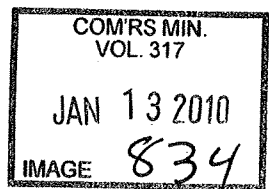
1. Upon any termination of this Contract, Vendor shall be compensated for (i) any outstanding invoices that have been issued in accordance with this Contract; and (ii) Services satisfactorily performed in accordance with the terms and conditions of this Contract up to the date of termination. In addition, HCJFS shall receive credit for reimbursement made, as of the date of termination, when determining any amount owed to Vendor.
2. Vendor, upon receipt of notice of termination, shall take all necessary or appropriate steps to limit disbursements and minimize costs and furnish a report, as of the date of receipt of notice of termination, describing the status of all work under this Contract, including without limitation, results accomplished, conclusions resulting therefrom and any other matters as HCJFS may require.

Vendor shall not be relieved of liability to HCJFS for damages sustained by Vendor by virtue of any breach of the Contract by Vendor. HCJFS may withhold any compensation to Vendor for the purpose of off-set until such time as the amount of damages due Vendor from Vendor is agreed upon or otherwise determined.

18. COMPLIANCE

Vendor certifies that Vendor and all subcontractors who provide Services under this Contract will comply with all requirements of federal, state, and local laws and regulations, applicable OMB circulars including, but not limited to, A-133, A-110, A-87, A-122 and A-21, in the conduct of work hereunder.

Vendor accepts full responsibility for payment of any and all unemployment compensation premiums, all income tax deductions, pension deductions, and any and all other taxes or payroll deductions required for the performance of the work by the Vendor's employees.



19. NON-DISCRIMINATION

A. Non-Discrimination in Employment

Vendor certifies it is an equal opportunity employer and shall remain in compliance with state and federal civil rights and nondiscrimination laws and regulations including, but not limited to Title VI and Title VII of the Civil Rights Act of 1964, as amended, the Rehabilitation Act of 1973, the Americans with Disabilities Act, the Age Discrimination Act of 1975, the Age Discrimination in Employment Act, as amended, and the Ohio Civil Rights Law.

During the performance of this Contract, Vendor will not discriminate against any employee, contract worker, or applicant for employment because of race, color, religion, sex, national origin, ancestry, disability, Vietnam-era veteran status, age, political belief or place of birth. Vendor will take affirmative action to ensure that during employment all employees are treated without regard to race, color, religion, sex, national origin, ancestry, disability, Vietnam-era veteran status, age, political belief or place of birth. These provisions apply also to contract workers. Such action shall include, but is not limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising, layoff, or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Vendor agrees to post in conspicuous places, available to employees and applicants for employment, notices stating Vendor complies with all applicable federal, state and local non-discrimination laws and regulations.

Vendor, or any person claiming through the Vendor, agrees not to establish or knowingly permit any such practice or practices of discrimination or segregation in reference to anything relating to this Contract, or in reference to any contractors or subcontractors of said Vendor.

B. Non-Discrimination in the Performance of Services

Vendor agrees to comply with the non-discrimination requirements of Title VI of the Civil Rights Act of 1964, 42 USC Section 2000d, and any regulations promulgated thereunder. Vendor further agrees that it shall not exclude from participation in, deny the benefits of, or otherwise subject to discrimination any HCJFS Consumer in its performance of this Contract on the basis of race, color, sex, national origin, ancestry, disability, Vietnam-era veteran status, age, political belief, or place of birth.

Vendor further agrees to comply with OAC 5151:9-02-01 and OAC 5101:9-02-05, as applicable, which require that contractors and sub-grantees receiving

federal funds must assure that persons with limited English proficiency (LEP) can meaningfully access services. To the extent Vendor provides assistance to LEP Consumers through the use of an oral or written translator or interpretation services in compliance with this requirement, Consumers shall not be required to pay for such assistance.

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20. VENDOR SOLICITATION OF HCJFS EMPLOYEES

Vendor warrants that for one (1) calendar year from the effective date of this Contract with HCJFS, Vendor will not solicit HCJFS employees to work for Vendor.

21. RELATIONSHIP

Nothing in this Contract is intended to, or shall be deemed to constitute a partnership, association or joint venture with the Vendor in the conduct of the provisions of this Contract. Vendor shall at all times have the status of an independent contractor without the right or authority to impose tort, contractual or any other liability on HCJFS or the County.

22. DISCLOSURE

Vendor hereby covenants that it has disclosed any information that it possesses about any business relationship or financial interest that said Vendor has with a county employee, employee's business, or any business relationship or financial interest that a county employee has with the Vendor or in the Vendor's business.

23. WAIVER

Any waiver by either party of any provision or condition of this Contract shall not be construed or deemed to be a waiver of any other provision or condition of this Contract, nor a waiver of a subsequent breach of the same provision or condition.

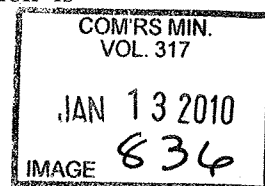
24. NO ADDITIONAL WAIVER IMPLIED

If either party fails to perform any obligations under this Contract and thereafter such failure is waived by the other party, such waiver shall be limited to the particular matter waived and shall not be deemed to waive any other failure hereunder. Waivers shall not be effective unless in writing.

25. CONFIDENTIALITY

The Vendor agrees to comply with all federal, state and local laws applicable to HCJFS and/or Customers concerning the confidentiality of Customers. The Vendor understands that any access to the identities of any Customers shall only be as necessary for the purpose of performing its responsibilities under this Contract. The Vendor agrees that the use or disclosure of information concerning Customers for any purpose not directly related to the administration of this

Contract is prohibited. Vendor will ensure that all Customer documentation is protected and maintained in a secure and safe manner.



26. AUDIT RESPONSIBILITY AND REVIEW OF PERFORMANCE

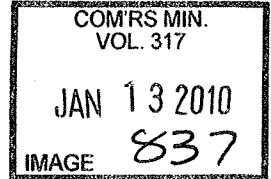
- A. Audits will be conducted using a "sampling" method. Depending on the type of audit conducted, the areas to be reviewed using the sampling method may include but are not limited to months, expenses, total units, and billable units. If errors are found, the error rate of the sample period will be applied to the entire audit period.
- B. Vendor agrees to accept responsibility for receiving, replying to and/or complying with any audit exception by appropriate federal, state or local audit directly related to the provision of Services under this Contract. HCJFS also reserves the right to not increase the rate(s) of payment or the overall Contract amount for Services purchased under this Contract if there is any outstanding or unresolved issue related to an audit finding.

Vendor agrees to repay HCJFS any amount it received for duplicate billings, erroneous billings, or false or deceptive claims. In addition, Vendor recognizes and agrees HCJFS may withhold any money due and recover through any appropriate method any money erroneously paid under this Contract if evidence exists of less than full compliance with this Contract.

In addition, when an overpayment is identified and the overpayment cannot be repaid in one payment, Vendor shall, upon request by HCJFS, enter into a Repayment of Funds Agreement (the "Repayment Agreement"), which shall detail at a minimum, payment amounts and due dates for payments. If payments are not made according to the Repayment Agreement future checks may be held until the repayment of funds is current. Checks held more than Sixty (60) days may be canceled and will not be re-issued.

- C. Vendor shall cause to be completed an annual independent audit for each year Services are being rendered pursuant to this Contract. Vendor agrees to give HCJFS a copy of such annual audit report and any report associated management letters, within Fifteen (15) days of receipt of such information.
- D. HCJFS reserves the right to evaluate the Services being provided by Vendor. Evaluation activities may include, but are not limited to reviewing records, observing programs, and interviewing program employees and Customers. Such evaluations will be conducted at Vendor's own time and expense.

- E. To the extent applicable, Vendor will cause a single or program-specific audit to be conducted in accordance with OMB Circular A-133. Vendor will submit a copy of the completed audit report to HCJFS within forty-five (45) days after receipt from the accounting firm performing such audit.



27. WARRANTIES AND REPRESENTATIONS

- A. Vendor warrants and represents that it has the full and unrestricted right, power and authority to enter into this Contract and to perform Vendor's obligations in accordance with the terms of this Contract.
- B. Vendor warrants and represents that it will perform all Services in a professional and work like manner in accordance with applicable professional standards, using employees and subcontractors having the proper expertise, skills, training and professional education to render the Services.
- C. Vendor warrants and represents that it is qualified to do business in the State of Ohio and has all requisite legal power and authority to execute this Contract and to carry out its terms, conditions and provisions. All required action needed to authorize the execution, delivery and performance by Vendor of this Contract and the transactions contemplated hereunder by Vendor have been taken and are in full force and effect. This Contract has been duly executed and delivered and constitutes the valid, legal and binding obligation of Vendor, enforceable in accordance with the terms hereof except as the enforceability may be limited by applicable bankruptcy, insolvency, reorganization, moratorium or other similar laws affecting creditors' rights generally and other forms of equitable relief are subject to equitable defenses, the discretion of the court before which any proceedings therefore may be brought and the principles of equity in general. There are no suits, threatened or pending, nor claims against Vendor, that might materially adversely affect the ability of Vendor to meet and carry out its obligations under this Contract. Execution of this Contract by Vendor will not contravene any provision of, or constitute a default under, any other agreement or instrument to which it is a party or by which it or its property may be bound.
- D. Vendor warrants and represents that any claims made for payment for Services provided shall be for actual services rendered to Customers and will not duplicate claims made by the Vendor to other sources of public funds for the same service.
- E. Vendor warrants and represents that it will maintain a separate General Ledger account to record all revenue and expenses in relation to this Contract.

28. LEGAL ACTION

Any legal action brought pursuant to the Contract will be filed in the courts located in Hamilton County, Ohio and Ohio law will apply.

29. FORCE MAJEURE

If by reason of force majeure, the parties are unable in whole or in part to act in accordance with this Contract, the parties shall not be deemed in default during the continuance of such inability provided, however, that Vendor shall only be entitled to the benefit of this paragraph for fourteen (14) days if the event of force majeure does not affect HCJFS' property or employees which are necessary to Vendor's ability to perform.

The term "Force Majeure" as used herein shall mean without limitation: acts of God; strikes or lockout; acts of public enemies; insurrections; riots; epidemics; lightening; earthquakes; fire; storms; flood; washouts; droughts; arrests; restraint of government and people; civil disturbances; and explosions.

Vendor shall, however, remedy with all reasonable dispatch any such cause to the extent within its reasonable control, which prevents Vendor from carrying out its obligations contained herein.

30. AVAILABILITY OF FUNDS

This Contract is conditioned upon the availability of federal, state, or local funds, which are appropriated or allocated for payment of this Contract. If funds are not allocated and available for the continuance of the function performed by the Vendor hereunder, the Services directly involved in the performance of that function may be terminated by HCJFS at the end of the period for which funds are available. HCJFS will notify the Vendor at the earliest possible time of any Services, which will or may be affected by a shortage of funds. No penalty shall accrue to HCJFS in the event this provision is exercised, and HCJFS shall not be obligated or liable for any future payments due or for any damages as a result of termination under this section.

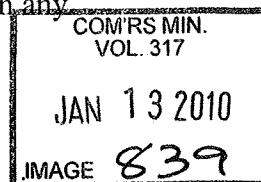
31. PUBLIC RECORDS

This Contract is a matter of public record under the laws of the State of Ohio. Vendor agrees to make copies of this Contract promptly available to any requesting party. By entering into this Contract, Vendor acknowledges and agrees that records maintained by Vendor pursuant to this Contract may be deemed public records and subject to disclosure under Ohio law.

32. DRUG-FREE WORKPLACE

Vendor agrees that it will comply with all applicable state and federal laws regarding a drug-free workplace as outlined in 45 CFR Part 76, Subpart F.

Vendor will make a good faith effort to ensure that all employees, while performing duties or responsibilities, under this Contract will not purchase, transfer, use or possess illegal drugs or alcohol, or abuse prescription drugs in any way.



33. PUBLIC ASSISTANCE WORK PROGRAM PARTICIPANTS

Pursuant to Chapter 5107 of the Ohio Revised Code and Prevention, Retention, and Contingency Program established under Chapter 5108 of the Revised Code, Vendor agrees to not discriminate in hiring and promoting against applicants for and participants for the Ohio Works Program. Vendor also agrees to include such provision in any such contract, subcontract, grant or procedure with any other party which will be providing Services to Customers.

34. MEDIA RELATIONS, PUBLIC INFORMATION, AND OUTREACH

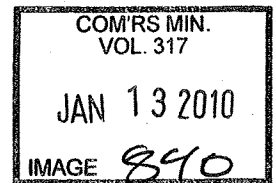
Although information about and generated under this Contract may fall within the public domain, Vendor will not release information about or related to this Contract to the general public or media verbally, in writing, or by any electronic means without prior approval from the HCJFS Communications Director, unless Vendor is required to release requested information by law.

HCJFS reserves the right to announce to the general public and media: award of the Contract, Contract terms and conditions, scope of work under the Contract, deliverables and results obtained under the Contract, impact of Contract activities, and assessment of Vendor's performance under the Contract. Except where HCJFS approval has been granted in advance, the Vendor will not seek to publicize and will not respond to unsolicited media queries requesting: announcement of Contract award, Contract terms and conditions, Contract scope of work, government-furnished documents HCJFS may provide to Vendor to fulfill the Contract scope of work, deliverables required under the Contract, results obtained under the Contract, and impact of Contract activities. If contacted by the media about this Contract, Vendor agrees to notify the HCJFS Communications Director in lieu of responding immediately to media queries. Nothing in this section is meant to restrict Vendor from using Contract information and results to market to specific clients or prospects.

35. AMENDMENTS

This writing constitutes the entire agreement between Vendor and HCJFS with respect to all matters herein. This Contract may be amended only in writing and signed by Vendor and HCJFS.

It is further agreed that any amendments to laws or regulations cited herein will result in the related modification of this Contract, without the necessity for a written amendment.



36. INSURANCE

A. General

The Vendor agrees to procure and maintain for the duration of this Contract the following insurance: insurance against claims for injuries to persons or damages to property which may arise from or in connection with the Vendor's operations as described in this Contract (commercial general liability); auto liability insurance; umbrella/excess liability; and workers' compensation insurance. The cost of such insurance shall be borne by the Vendor. Coverage shall be purchased from a company licensed to provide insurance in Ohio. Insurance is to be placed with an insurer with an A. M. Best rating of no less than A:VII.

B. Coverages and Minimum Limits:

1. Commercial General Liability insurance with limits no less than \$1,000,000 per occurrence and \$2,000,000 in the annual aggregate. Such policy will provide coverage contained in Insurance Services Office Occurrence Form CG 00 01 or equivalent including: products liability/completed operations, blanket contractual liability, broad form property damage, severability of interests, personal injury and be endorsed for sexual molestation and physical abuse.

2. Comprehensive Business Automobile liability insurance with combined single loss limits based on the following:

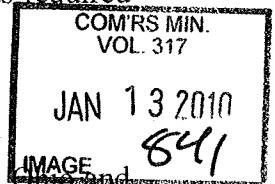
Motor vehicle with capacity of six (6) or less occupants, including operator, including taxis and handicapped livery vehicles, as defined in City of Cincinnati Ordinance 407-29. Such motor vehicle shall have at least \$1,000,000 limit per accident.

Motor vehicle with capacity of greater than 6 occupants, including operator, but less than 15 occupants including operator, including Class A Limousine and Class B Limousine, as defined in City of Cincinnati Ordinance 407-1-L1. Such motor vehicle shall have at least \$5,000,000 limit per accident.

Motor vehicle with capacity of 15 occupants or greater, including operator. Such motor vehicle shall have at least \$5,000,000 limit per accident.

Coverage shall include all owned, hired and non-owned autos, vehicles and buses and provide coverage for Vendor's liability to occupants and claimants.

3. Umbrella/Excess Liability insurance in excess of the underlying commercial general liability and business auto liability insurance with limits no less than \$2,000,000 combined single limit and aggregate limit. Such policy will include: pay on behalf of wording; concurrency of effective dates with primary; blanket contractual liability; punitive damages coverage (where not prohibited by law); aggregates: apply where applicable in primary; care, custody and control – follow form primary; and, drop down feature.
4. Workers' Compensation insurance at the statutory limits required by Ohio Revised Code.



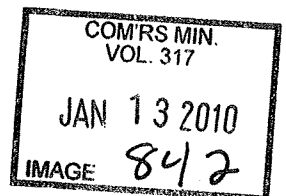
C. Miscellaneous Provisions

1. The Board of County Commissioners, Hamilton County, Ohio and the Hamilton County Department of Job & Family Services, and their respective employees, officials, agents and volunteers will be endorsed as additional insurers on the commercial general liability and the business automobile liability policies.
2. Vendor shall provide occurrence based policies for general commercial liability and umbrella/excess liability insurance.
3. Vendor shall declare any self – insured retention to the HCJFS pertaining to liability insurance. In no case shall the Vendor's self – insured retention be greater than ten thousand dollars (\$10,000.00). Further, such Vendor shall provide a financial guarantee satisfactory to the HCJFS guaranteeing payment of losses and related investigations, claims administration and defense expenses under the Vendor's self – insured retention.
4. The Vendor's insurance coverage shall be primary insurance with respect to the County and HCJFS, and its employees, officials, agents and volunteers.
5. Any insurance maintained by the County and HCJFS shall be excess of the Vendor's insurance and shall not contribute to it.
6. Each insurance policy required by this clause shall be endorsed to state that coverage shall not be cancelled or materially changed except after thirty (30) days prior written notice given to: Risk Manager, Hamilton County, Ohio, Room 607, 138 East Court Street, Cincinnati, OH 45202.
7. Vendor shall furnish Risk Manager, Hamilton County, Ohio, with original certificates and amendatory endorsements effecting coverage required by this clause. All certificates and endorsements are to be received by County before Contract commences. County reserves the right at any time to require complete, certified copies

of all required insurance policies, including endorsements effecting the coverage required by these specifications.

8. Vendor, at its expense, shall replenish all coverage limits immediately upon its insurer's reductions in limits due to claims on this Contract or any other agreement. Failure to do so may result in cancellation of this agreement at HCJFS' sole discretion. If Vendor fails to renew, replace or replenish the coverages required, the HCJFS may do so on the Vendor's behalf and deduct the cost from any amount due to Vendor from HCJFS.
9. Vendor will require all insurance policies in any way related to the services and secured and maintained by the Vendor to include clauses stating each underwriter will waive all rights of recovery, under subrogation or otherwise, against Hamilton County or HCJFS. The Vendor will require of subcontractors, by appropriate written agreements, similar waivers each in favor of all parties enumerated in this section.
10. Vendor, County, and HCJFS agree to fully cooperate, participate, and comply with all reasonable requirements and recommendations of the insurers and insurance brokers issuing or arranging for issuance of the policies required here, in all areas of safety, insurance program administration, claim reporting and investigating, and audit procedures.
11. Any loss insured under the policies required here will be adjusted by the Vendor, County, and HCJFS, as their interests may appear, and made payable to the Vendor as trustee for the insureds as their interest may appear, subject to the requirements of any applicable mortgagee clause. The Vendor, as trustee, will have the power to adjust and settle any loss with the insurers unless one of the parties in interest objects in writing within five (5) days after written notice of the loss to the Vendor's exercise of this power. If such objection is made, an arbitrator mutually acceptable to the parties in interest and the Vendor will be chosen promptly.
12. The Vendor, as trustee, will in such case make settlement with the insurers in accordance with the directions of such arbitrator. If distribution of the insurance proceeds by arbitration is required, the arbitrators will direct such distribution.
13. Maintenance of the proper insurance for the duration of the Contract is a material element of the Contract. Material changes in the required coverage or cancellation of the coverage shall constitute a material breach of the Contract.

If any or all of the work or services contemplated by this Contract is sublet, the Vendor will ensure the subcontractor(s) comply with all insurance requirements contained therein.



37. INDEMNIFICATION

To the fullest extent permitted by and in compliance with applicable law, Vendor agrees to protect, defend, indemnify and hold harmless the Board of County Commissioners, Hamilton County, Ohio and HCJFS and their respective members, officials, employees, agents, and volunteers (the "Indemnified Parties") from and against all damages, liability, losses, claims, suits, actions, administrative proceedings, regulatory proceedings/hearings, judgments and expenses, subrogation's (of any party involved in the subject of this Contract), attorneys' fees, court costs, defense costs or other injury or damage (collectively "Damages"), whether actual, alleged or threatened, resulting from injury or damages of any kind whatsoever to any business, entity or person (including death), or damage to property (including destruction, loss of, loss of use of resulting without injury damage or destruction) of whatsoever nature, arising out of or incident to in any way, performance of the terms of this Contract including, without limitation, by Vendor, its subcontractor(s), Vendor's or its subcontractor's (s') employees and agents, assigns, and those designated by Vendor to perform the work or services encompassed by the Contract. Vendor agrees to pay all Damages, costs and expenses of the Indemnified Parties in defending any action arising out of the aforementioned acts or omissions.

38. QUALITY ASSURANCE

A. Drivers/Employees

1. Criminal Record Check:

Vendor will complete criminal record checks on all individuals (including Monitors as described below) assigned to work with or transport Customers,. Vendor will obtain a nationwide conviction record check through the Bureau of Criminal Identification and Investigation (the "BCII") and obtain a criminal record transcript from the Cincinnati Police Department, the Hamilton County Sheriff's Office, and any law enforcement or police department necessary to conduct a complete criminal record check of each individual providing Services.

Vendor shall not assign any individual to work with or transport Customers until a BCII report and a criminal record transcript has been obtained. A BCII report must be dated within six (6) months of the date an employee or volunteer is hired. Vendor shall not utilize any individual who has been convicted or plead guilty to any violations contained in ORC 5153.111(B)(1) or ORC 2919.24.

Vendor warrants and represents that it will comply with Ohio Revised Code, Section 2151.86.

JAN 13 2010

IMAGE 844

2. Bureau of Motor Vehicle Transcript:

Any individual transporting Customers shall possess the following qualifications:

- a. a satisfactory Bureau of Motor Vehicle ("BMV") transcript from the State of Ohio and the individual's state of residence;
- b. an appropriate license as for the vehicle being operated;
- c. an Ohio commercial driver's license with the school bus endorsement for drivers operating school buses;
- d. for drivers operating school buses, training that meets or exceeds the minimum requirements of the Ohio Department of Education's "Pupil Operation and Safety Rules", including emergency evacuation and drills; and,
- e. experience driving a school bus or supervised "on the job training" by Vendor until competency is achieved, as required by the type of vehicle being driven.

In addition to the requirements set forth above, Vendor will not permit any individual to transport a Customer if:

- a. the individual who has a condition which would affect safe operation of a motor vehicle;
- b. the individual has five (5) or more points on his driver's license; or,
- c. the individual has been convicted of driving while under the influence of alcohol or drugs.

3. Vehicle Monitors

Any individual used as a Monitor on a motor vehicle will not operate such motor vehicle. Monitors must possess the following qualifications:

- a. be no less than twenty-one (21) years of age;
- b. employment or volunteer history that demonstrates ability, maturity, and sensitivity to the care of abused and neglected children; and,
- c. trained in emergency evacuation procedures and drills.

4 Employees Confidential Information

- a. Vendor shall provide to HCJFS the name and social security number of all individuals having direct contract with Customers or children prior to providing transportation services. Vendor shall not use an employee or prospective employee as a driver or Monitor unless approved by HCJFS.

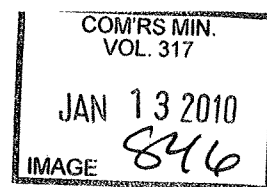
5. Verification of Job or Volunteer Application:

Vendor will check and document each applicant's personal and employment references, general work history, relevant experience, and training information. Vendor further agrees it will not use an individual to provide Services unless it has received satisfactory employment references, work history, relevant experience, and training information. This Paragraph also applies to current employees of Vendor.

B. Vehicles

All motor vehicles used shall conform to, be equipped, maintained, and inspected as required by all federal, state, and local laws and regulations of agencies governing school bus and the transportation of children and school children. This includes, but is not limited, to Ohio Revised Code chapter 45 Section 4501 and 4511.81, Ohio Administrative Code 4501.37, and the Ohio Department of Education's Pupil Transportation Operation and Safety Rules.

1. Vendor will transport Customers using a motor vehicle which must be equipped with car seats for children who weigh less than forty-one (41) pounds or are less than four (4) years of age. The vehicle must also be equipped with seat belts for all other children as well as fully operational air-conditioning.
2. Vendor will transport HCJFS Customers using a motor vehicle which must be equipped with booster seats for children who are less than eight (8) years of age and less than four feet nine inches (4'9") in height. The vehicle must also be equipped with seat belts for all other children as well as fully operational air-conditioning.
3. Vendor will display a sign on the vehicle indicating children are being transported.



C. Other

In addition to any other provisions of this Contract applicable to Vendor's duty to monitor a subcontractor, Vendor shall ensure that all subcontractor(s) comply with any quality assurance requirements contained herein.

39. LOBBYING

Vendor warrants and represents that during the life of the Contract, it has not and will not use Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any Federal agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Vendor further warrants that it shall disclose any lobbying with any non-Federal funds that takes place in connection with obtaining any Federal award. Upon receipt of notice, HCJFS will issue a termination notice in accordance with the terms of this Contract. If Vendor fails to notify HCJFS, HCJFS reserves the right to immediately suspend payment and terminate the Contract.

40. GRIEVANCE PROCESS

Vendor will notify HCJFS in writing on a monthly basis of all grievances initiated by Customers or their parents or guardians that involve the Services provided through this Contract. Vendor shall submit all facts pertaining to the grievance and the resolution of the grievance.

Vendor will use its best efforts to post and distribute the grievance policy and procedure in a manner so that all Customers and their parents or guardians are aware of this process.

41. PROPERTY OF HAMILTON COUNTY

Any Deliverable provided or produced by Vendor under this Contract or with funds hereunder, including any documents, data, photographs and negatives, electronic reports/records, or other media, are the property of County which has an unrestricted right to reproduce, distribute, modify, maintain, and use the Deliverables. Vendor will not obtain copyright, patent, or other proprietary protection for the Deliverables. Vendor will not include in any Deliverable any copyrighted matter, unless the copyright owner gives prior written approval for Vendor to use such copyrighted matter in the manner provided herein. Vendor agrees that all Deliverables will be made freely available to the general public unless HCJFS determines that, pursuant to state or federal law; such materials are confidential or otherwise exempted from disclosure.

JAN 13 2010

IMAGE 847

The Deliverable(s) and any item(s) provided or produced pursuant to this Contract (collectively "Deliverables") shall be considered "works made for hire" within the meaning of copyright laws of the United States of America and the State of Ohio. County is and shall be deemed the sole author of the Deliverable(s) and sole owner of all rights therein. If any portion of the Deliverable(s) is/are deemed not to be a "work made for hire," or if there are any rights in the Deliverable(s) not so conveyed to County, then Vendor agrees to and by executing this Agreement hereby does assign to HCJFS all worldwide rights, title, and interest in and to the Deliverables. County acknowledges that its sole ownership of the Deliverable(s) under this Contract does not affect Vendor's right to use general concepts, algorithms, programming techniques, methodologies, or technology that have been developed by Vendor prior to or as a result of this Contract or that are generally known and available.

42. DEBARMENT AND SUSPENSION

Vendor warrants and represents that it is not included on the non-procurement portion of the General Services Administration's "List of Parties Excluded from Federal Procurement or Non-procurement Programs: (the "List") in accordance with Executive Order 12549 and 12689. Vendor must immediately notify HCJFS if Vendor is added to the List at any time during the life of this Contract. Upon receipt of notice, HCJFS will issue a termination notice in accordance with the terms of the Contract. If Vendor fails to notify HCJFS, HCJFS reserves the right to immediately suspend payment and terminate the Contract.

43. CHILD SUPPORT

Vendor agrees to cooperate with ODJFS and any Ohio Child Support Enforcement Agency ("CSEA") in ensuring Vendor or the employees of Vendor meet child support obligations established under state or federal law. Further, by executing this Contract, Vendor certifies present and future compliance with any court or valid administrative order for the withholding of support which is issued pursuant to the applicable Ohio law.

44. DEBT CHECK PROVISION

Ohio Revised Code Section 9.24 prohibits public agencies from awarding a contract for goods, services, or construction, paid for in whole or in part from state funds, to a person or entity against who a finding for recovery has been issued by the Auditor of State, if the finding for recovery is unresolved. By entering into this Contract, Vendor warrants that a finding for recovery has not been issued to Vendor by the Auditor of State. Vendor further warrants that Vendor shall notify HCJFS within one (1) business day should a finding for recovery occur during the Contract term.

JAN 13 2010

IMAGE

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45. CLEAN AIR AND FEDERAL WATER POLLUTION CONTROL ACT

Vendor agrees to comply with all applicable standards, orders or regulations issued pursuant to section 306 of the Clean Air Act (42 U.S.C. 7401), section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and any applicable environmental protection agency regulation. Vendor understands that violations of all applicable standards, orders or regulations issued pursuant to section 306 of the Clean Air Act (42 U.S.C. 7401), section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and any applicable environmental protection agency regulation must be reported to the Federal awarding agency and the Regional Office of Environmental Protection Agency (EPA).

46. ENERGY POLICY AND CONSERVATION ACT

Vendor agrees to comply with all applicable standards, orders or regulations issued relating to energy efficiency which are contained in the state energy conservation plan issued in compliance with the Energy Policy and Conservation Act (Pub. L. 94-163, 89 Stat. 871).

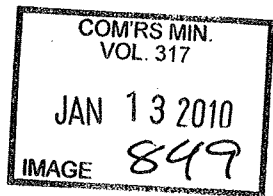
47. MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

As part of its submitted Proposal and in accordance with ORC 2909.32(A)(2)(b), Vendor completed the Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization. Any material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List is considered a Material Breach of this Contract and a felony of the fifth degree.

Vendor further agrees it will complete a Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization prior to the commencement of any Renewal Period. Vendor understands and agrees that payment will be withheld for any Services rendered during such Renewal Period until this requirement has been met.

48. CONTRACT CLOSEOUT

At the initiation of HCJFS and to ensure at a minimum that all required forms, reports and deliverables were submitted to and accepted by HCJFS in accordance with this Contract, a contract closeout procedure may commence within ninety (90) days after the termination or expiration of this Contract.



49. NOTICES

Any information or notice required to be given in writing under this Contract shall be effective upon receipt at the address of the addressee. For purposes of notice, the addresses of the parties shall be as follows:

If to Board:

Patrick Thompson
County Administrator
Room 603
138 East Court Street
Cincinnati, OH 45202

If to Medical Transportation
Management:

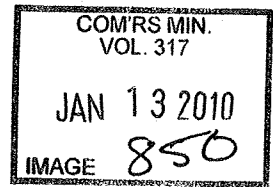
ALAINA MACIA, CEO
16 Hawk Ridge Drive
Lake Saint Louis, MO, 63367

If to HCJFS:

Moir Weir
Director
222 Central Parkway
Cincinnati, Ohio, 45202

50. HCJFS CONTACT INFORMATION

NAME	PHONE #	DEPARTMENT	RESPONSIBILITY
Sheila Bass	513-946-2236	Contract Services	Contract changes, Contract language, Budget, audits
Carol Crawford	513-946-1090	Fiscal/Program Services	Billing and payment
Debbie Brown	513-946-1016	Program Services	Scope of service, Client Authorization, Service eligibility
Kevin Holt	513-946-1840	Program Services	Scope of service, Client Authorization, Service eligibility



SIGNATURES

The terms of this Contract are hereby agreed to by both parties, as shown by the signatures of representatives of each.

Board of County Commissioners,
Hamilton County, Ohio

Medical Transportation Management,
Inc.

By: Patrick Thompson

By: Alaina Macia'

Name: Patrick Thompson

Printed
Name: Alaina Macia'

Title: County Administrator

Title CEO

Date: 1/13/10

Date: 12/7/09

Recommended By:

[Signature]

Date: 12/10/09

Moir Weir, Director
Hamilton County Department of Job & Family Service
Hamilton County, Ohio

Approved as to form:

By: [Signature]
Assistant Prosecuting Attorney
Hamilton County, Ohio

JAN 13 2010

IMAGE

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ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/28/2009

PRODUCER (636) 532-0100

INSURANCE STORE, INC.

P.O. BOX 1008

CHESTERFIELD MO 63006-1008

INSURED

MEDICAL TRANSPORTATION MANAGEMENT, INC.; MEDICAL

TRANSPORTATION MANAGEMENT KC

16 HAWK RIDGE DR.

LAKE ST. LOUIS MO 63367-

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: CNA INSURANCE

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY	C2083071772	03/10/2009	03/10/2010	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC				
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS				
		<input type="checkbox"/> NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
A		EXCESS/UMBRELLA LIABILITY	C2083071805	03/10/2009	03/10/2010	EACH OCCURRENCE \$ 10,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 10,000,000
						\$
		DEDUCTIBLE				\$
		RETENTION \$				\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC283071786	03/10/2009	03/10/2010	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A		OTHER EMPLOYMENT PRACTICES LIABILITY	287473723	12/21/2009	12/21/2010	\$3,000,000
		INCL. SEXUAL HARASSMENT				\$25,000 RETENTION

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

THE BOARD OF COUNTY COMMISSIONERS, HAMILTON COUNTY, OHIO AND THE HAMILTON COUNTY DEPARTMENT OF JOB & FAMILY SERVICES, AND THEIR RESPECTIVE EMPLOYEES, OFFICIALS, AGENTS AND VOLUNTEERS ARE INCLUDED AS ADDITIONAL INSURED AS RESPECTS GENERAL LIABILITY COVERAGE. WAIVER OF SUBROGATION INCLUDED ON GENERAL LIABILITY COVERAGE

CERTIFICATE HOLDER

() - () -
 HAMILTON COUNTY DEPARTMENT OF
 JOB & FAMILY SERVICES
 222 E. CENTRAL PARKWAY
 CINCINNATI OH 45202-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

William A. A. A. A.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/29/2009

PRODUCER Integrated Transportation Resources, Inc.
16 Hawk Ridge Drive
Suite 125
Lake St. Louis MO 63367
(636) 561-0048

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED Medical Transportation Management (MTM), Inc.
Medical Transportation Management KC
16 Hawk Ridge Drive
Lake Saint Louis MO 63367-

INSURERS AFFORDING COVERAGE

INSURER A: Catlin Insurance Co. (UK), Ltd.
INSURER B:
INSURER C:
INSURER D:
INSURER E:

NAIC #

COM'RS MIN.
VOL. 317

JAN 13 2010

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IMAGE

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
LTB	INSRD					
		GENERAL LIABILITY				EACH OCCURRENCE \$
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
						PRODUCTS - COMP/OP AGG \$
		GEN'L AGGREGATE LIMIT APPLIES PER:				
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
A		AUTOMOBILE LIABILITY	XAC-98514-0111	01/01/2010	01/05/2011	COMBINED SINGLE LIMIT (Ea accident) \$3,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input checked="" type="checkbox"/> HIRED AUTOS				
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				
		<input checked="" type="checkbox"/> Insured \$10,000 SIR				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
						\$
						\$
		DEDUCTIBLE				\$
		RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
		OTHER				E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

THE BOARD OF COUNTY COMMISSIONERS, HAMILTON COUNTY, OHIO AND THE HAMILTON COUNTY DEPARTMENT OF JOB & FAMILY SERVICES, AND THEIR RESPECTIVE EMPLOYEES, OFFICIALS, AGENTS AND VOLUNTEERS ARE INCLUDED AS ADDITIONAL INSURED. WAIVER OF SUBROGATION INCLUDED.

CERTIFICATE HOLDER

Hamilton County Department of Job & Family Svs.
222 E. Central Parkway
Cincinnati OH 45202-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

[Signature]

AT HAM

JAN 13 2010

IMAGE 853

(U-3) - Certificate of Coverage

Page 1 of 2



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

TEMPORARY CERTIFICATE

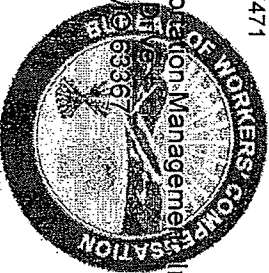
Period Specified Below

CONFIRMATION NUMBER: 155487471

12/10/2009 12:00:00 AM
Thru 2/28/2010

Medical Transportation Management, Inc.
16 Hawk Ridge Dr.
Lake St Louis, MO 63367

ohiobwc.com



Shirley P. [Signature]
Administrator

You can reproduce this certificate as needed.

JAN 13 2010

IMAGE

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Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

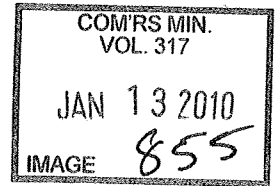
Bureau of Workers'
Compensation

You must post this language with the certificate of premium payment.

<https://www.ohiobwc.com/employer/forms/coverage/nlbwc/certificate.asp?txtCID=15548...> 12/10/2009



Board of Commissioners:
Greg Hartmann, David Pepper, Todd Portune
County Administrator: Patrick J. Thompson
Director: Moira Weir



REQUEST FOR PROPOSALS
FOR
NON EMERGENCY TRANSPORTATION SERVICES

RFP MB1109R

Issued by

THE HAMILTON COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

222 E. CENTRAL PARKWAY

CINCINNATI, OHIO 45202

(June, 2009)

RFP Conference: June 22, 2009 at 1:00 p.m.

Location: Hamilton County Job and Family Services

222 East Central Parkway

6th Floor Conference Room, 6SE401

Cincinnati, Ohio 45202

Due Date for Proposal Registration: July 29, 2009

Due Date for Proposal Submission: August 12, 2009

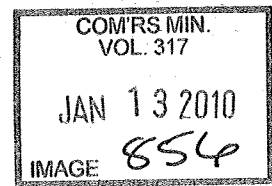
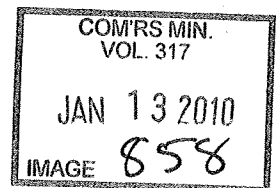


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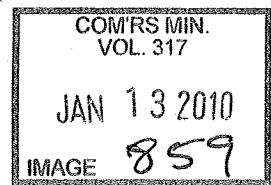
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Attachment A	Cover Sheet
Attachment B	Contract Sample
Attachment C	Budget and Instructions
Attachment D	Vendor Certification
Attachment E	Declaration of Property Tax Delinquency
Attachment F	Terrorist Declaration
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Program Attachments

Attachment I	Non-Emergency Transportation (NET) Customer Standards
Attachment J	Children's Services Medical Trips w/Monitor (HCJFS 3546)
Attachment K	Non-Emergency Transportation (NET) Policy Memo (11-A)
Attachment L	Children's Services Manual Section 15.01 B Transporting Children
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REQUEST FOR PROPOSAL (RFP)

FOR

NON EMERGENCY TRANSPORTATION SERVICES

MISSION STATEMENT

We, the staff of the Hamilton County Department of Job and Family Services, provide services for our community today to enhance the quality of living for a better tomorrow.

1.0 REQUIREMENTS & SPECIFICATIONS

1.1 Introduction & Purpose of the Request for Proposal

The Hamilton County Department of Job and Family Services (HCJFS) is seeking proposals for the purchase of services to provide non emergency transportation for Medicaid eligible customers to Medicaid billable services. HCJFS desires a single, or multiple, Vendors to deliver services described in the Scope of Services in this Request for Proposal (RFP). HCJFS' desire is for a Vendor or Vendors to coordinate service delivery and increase efficiency in providing transportation services to HCJFS customers. Transportation services will be primarily for the local Tri-State region within a 125 mile radius of downtown Cincinnati, Ohio (Southeast Indiana, Northern Kentucky, and Southwest Ohio), Occasionally, transportation may be necessary to any authorized Medicaid Provider in the United States. The Vendor must be able to provide transportation services that originate from locations other than Cincinnati, Ohio.

The Vendor is permitted to subcontract transportation services. The Vendor must receive written approval from HCJFS of all subcontractors prior to subcontractor delivering services.

HCJFS is seeking three (3) types of proposals for transportation services:

- Non-Emergency Transportation (NET) - Traditional
- Non-Emergency Transportation for Children's Services Customers
- Non-Emergency Transportation for Pregnancy Related Services/Healthchek Customers

Potential bidders may submit proposals for one (1), two (2) or all three (3) services.

The intent of this RFP is to secure pricing for a maximum of four (4) years. Vendor must submit proposal for the initial term of two (2) years and an additional renewal period for two (2) years. The purpose of the four-year term is to minimize the cost for Vendors and for the county.

HCJFS' goal is to work with Vendors who can meet the entire continuum of services.

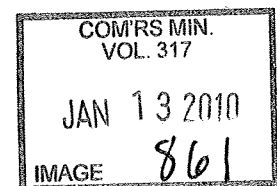
The Board of County Commissioners, Hamilton County, Ohio (BOCC) reserves the right to award multiple contracts for these services to multiple Vendors and to award contracts for any or all the services proposed.

1.2 Scope of Service

The Vendor shall warrant that they will meet the following requirements for Non-Emergency Transportation (NET) for Medicaid eligible customers to Medicaid billable services.

1. Upon commencement of the contract term, the Vendor(s) shall coordinate and monitor the transportation. HCJFS reserves the right to add, delete or change the transportation of specific programs during the contract term. The Vendor shall follow, but not be limited to, the specific requirements used for each particular program area as listed in the Request for Proposal (RFP) and as required by Ohio Administrative Codes (OAC 5101:3-24, 5101:1-38-05, and 5101:1-38-08).
2. If contacted by the media or any other Vendor about this contract, Vendor agrees to notify the NET Supervisor in lieu of responding immediately to media or other Vendor queries.
3. When an authorized customer's pick up point is a business and the authorized customer(s) are not waiting outside for the Vendor, the Vendor shall sound the horn and wait the required five (5) minutes. If there is no response from the authorized customer(s), Vendor will call back to dispatch prior to leaving or abandoning the scheduled trip and logging the trip a no show. The driver must document on the signature log the time and date of the page and, if possible, have the business personnel sign that the authorized customer(s) were paged and did not respond.
4. Standards (**Attachment I**) exist for customers who utilize transportation arranged by HCJFS. Failure of a customer to abide by the standards may result in discretionary sanctions imposed by the HCJFS Director, or designee, up to and including suspension of transportation by cab or livery vehicle.

5. Transportation by cab or livery service is a privilege and not a right. During transportation, customers must conduct themselves (and their children, if any) in a reasonable manner. Customers must avoid the use of profanity and verbally or physically abusing drivers, monitors, dispatchers and/or order takers. Failure of a customer to exhibit good behavior may result in a progressive disciplinary process that may result in an indefinite suspension of transportation by cab or livery service.
6. Failure or refusal of the HCJFS Director, or designee, to take action or impose sanctions in a given matter shall not be deemed or interpreted as a forfeiture of the Director or designee's right to do so in the future. HCJFS also reserves the right to change or amend this policy at any time.
7. Vendor should remember they are dealing with people that require great patience at all times and which can lead to unpredictable and crisis-laden situations.
8. Vendor must not refer to customers in terms of their status with HCJFS (e.g. a "welfare ride") or in any other derogatory term either directly or indirectly (e.g. over the dispatch radio) and, in general, should not treat customers any differently than they would a cash-paying fare.
9. Vendor may not transport customers to locations other than destinations authorized by HCJFS even if requested to do so by the customer.
10. Transportation services shall be provided at the request and authorization of HCJFS for transportation to Medicaid Eligible Providers who provide day treatment, medical, dental, therapy appointments, and to the pharmacy for prescribed medication. The authorization will be made electronically and encrypted to the Provider, who shall then provide the service.
 - a. Most authorizations shall be made a minimum of two (2) days prior to the trip date.
 - b. Based on medical need, some authorizations shall be made a minimum of two (2) hours prior to the trip time.
11. Vendor shall maintain daily attendance sheets verifying that services were provided. See **Attachment J - HCJFS 3546** for example of minimum information needed.



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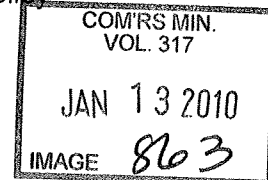
Additional Scope of Services for Children's Services

The Vendor shall warrant that they will meet the following requirements for NET transportation of Medicaid eligible children active with Children's Services to Medicaid eligible Providers.

1. The Vendor's coordination of all transports shall be provided in a manner to be most cost efficient while addressing the child(ren)'s medical, physical, custodial, psychiatric and timeliness needs. Occasionally, companions (i.e. underage siblings, caregivers, etc.) riding with child(ren) may be authorized by HCJFS.
2. For unaccompanied children, the Vendor shall have available a driver and/or designated employee, (hereafter referred to as "monitor") who shall physically accompany each Medicaid eligible child(ren) to and from Medicaid eligible Providers.
3. The goal of this service is to provide safe, timely, effective non-emergency transportation and a driver or monitor to accompany children to and from treatment locations, homes, schools, and child care. In order to maintain a protected and secure environment during said transport, either the driver or a monitor shall be able to hand carry infants when needed and physically accompany child(ren) able to walk from the pre-authorized adult at the pick up location to the vehicle, then from the vehicle to the Medicaid eligible Provider and wait with the child until the Children's Services worker or Medicaid eligible Provider is ready to receive the child for the appointment. For a medical appointment, the driver could leave for another transport after the child(ren) has been handed off to the social worker or Foster parent. A vehicle must be dispatched to return to pick up the child(ren) within twenty (20) minutes of the call from the medical appointment.
4. The driver and/or monitor must then return to pick up the child(ren) at the end of the appointment and deliver the child(ren) to the pre-authorized adult. Vendor will be required to maintain full accountability of child(ren) being served. The employees of the Vendor shall be sensitive to the care and needs of the child(ren). A protected and secure environment must be maintained at all times.
5. The driver/monitor is required to ask for identification (ID) whenever he/she picks up a child(ren) or delivers the child(ren) at the designated location. The ID submitted must match the name of the pre-authorized adult on the request for transportation. Reference NET Policy Memo 11A (**Attachment K**) and HCJFS 3546, Rev. 12/08 (**Attachment J**).
6. When picking up the child(ren) for transport to an appointment, there should be no physical/verbal use of force used to insist they go. If on a return trip, the child(ren) is unwilling to get into the vehicle, the child(ren) has to be returned. In this instance,

the driver or monitor should first attempt to contact the social worker. If the social worker cannot be contacted, then the driver or monitor should contact the social worker's supervisor. If after fifteen (15) minutes there has been no response, the driver or monitor should call the police and an Incident Report should be completed and sent to the NET Fiscal Coordinator within twenty-four (24) hours of the incident. Upon receipt, the NET Fiscal Coordinator will again report the incident and forward the Incident Report to the social worker.

7. The Vendor must adhere to standards set within Children's Services Policy 15.01-B (**Attachment L**) when transporting children.



1.2.1 Population

The following data is provided for planning purposes only. HCJFS does not guarantee that the current service level will increase, decrease, or remain the same.

1. Children's Services Transportation Services

In 2008, NET Children's Services procured services for approximately 6,000 one way transports for children active with Children's Services for medical, therapy, and dental appointments. In 2008, NET Children's Services served an average of 600 children, age's birth through eighteen (18) years old, who are Medicaid eligible and active with HCJFS Children's Services. Participating families have a history of abuse, neglect, and/or dependency. Children and parents present with mental health, drug and alcohol, and medical conditions that must be factored into the transportation plans. Family situations require out-of-home care placements and will have a range of custody statuses from Emergency Orders, Voluntary Agreements for Care, to Custody. The ultimate goal for these families is to safely reunify children with their families in the shortest timeframe possible, supporting child safety, permanency, and well-being.

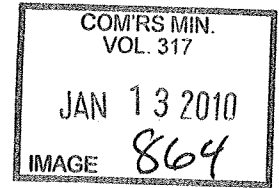
2. Non-Emergency Transportation Services - Traditional

In 2008, NET procured services for approximately 240,000 one way scheduled NET transports for medical, therapy, dental, and pharmacy appointments. In 2008, NET served an average of 11, 000 customers, who are Medicaid eligible customers.

3. Pregnancy Related Services (PRS)/ Healthchek Transportation Services

In 2008, PRS/Healthchek procured services for approximately 3,404 one way transports for medical, therapy, dental and pharmacy appointments. In 2008, PRS/Healthchek served an average of 231 Medicaid eligible customers. Pregnant teenagers, under the age of eighteen (18), may not require guardian

accompaniment. This will be determined by the Pregnancy Related Services (PRS) staff and the Vendor will be notified of such instances.



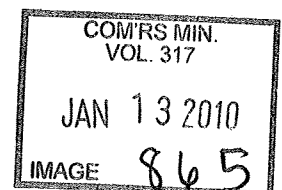
1.2.2 Service Components

The following Service Components pertain to all three programs.

A. Children's Services, NET Traditional, and Pregnancy Related Services/Healthchek Transportation Services

1. The Vendor shall have a toll free telephone number accessible twenty-four (24) hours per day, seven (7) days per week for HCJFS approved Medicaid customers to call and personnel to answer the toll free telephone number twenty-four (24) hours per day, seven (7) days per week.
2. The Vendor shall dedicate an employee to respond to non-medical emergencies (car trouble, accidents, etc.) and communicate emergency information to HCJFS' transportation management, parents, Children's Services, and child care facilities.
3. The Vendor shall dedicate an employee to respond to HCJFS' questions regarding invoices.
4. The Vendor shall have experience in transporting individuals in wheelchairs, who can transfer on their own, from their wheelchair to the vehicle. The Vendor shall help customers who need or request assistance in and out of the vehicle, including providing a step stool to assist customers into or out of the vehicle when necessary.
5. The Vendor shall be available to provide transportation services twenty-four (24) hours a day seven (7) days a week.
6. The Vendor shall ensure that the response time for return trips, between receiving the call from the customer and the vehicle arriving at the designated pick-up location, is within twenty (20) minutes or best proposed time by Vendor.
7. Based on the ages of the children transported, the Vendor shall have vehicles equipped in accordance with Children's Services Manual Section 15.01-B (**Attachment L**) when transporting children active with Children's Services.
8. The Vendor shall be available to meet on a scheduled and unscheduled basis, with HCJFS' staff to facilitate HCJFS' staff monitoring of contract performance, compliance and program practices.
9. The Vendor shall maintain all service-related records for a minimum of six (6) years.
10. When providing services to HCJFS customers, the Vendor shall provide

- transportation services exclusively to the customers of HCJFS in any given vehicle and shall not combine trips with persons from non-HCJFS sources.
11. Customers returning from chemotherapy or dialysis can be pooled but not so as to increase the time for a direct trip home by more than twenty (20) minutes. Mapquest .com or some other internet mileage tracking tool shall be used to make this determination in the event of a dispute.
 12. No customer shall be in transport more than seventy-five (75) minutes each way, unless otherwise directed by HCJFS.
 13. The Vendor shall, on occasion, and without prior approval from HCJFS, transport currently authorized customers who have a medical emergency that is not severe enough to warrant transportation by ambulance. The Vendor is required, but not limited to the following guidelines:
 - a. If HCJFS Transportation staff are not available, the Vendor shall leave a voice message for the NET/PRS staff with the name of the customer, unique Customer Identifier/Number, nature of emergency, addresses for pick up and drop off and date and times of pick up and drop off. Once this contact has been made to HCJFS, the Vendor shall provide transportation.
 - b. When no adult is home for drop-off of a child(ren) and the parent/guardian does not answer the phone, the Vendor shall follow NET Policy Memo 11A, "Drop Off – No Responsible Party Home, **(Attachment K)**.
 14. Due to the urgent medical nature of needed transports, the Vendor shall transport customers in inclement weather, unless the city proclaims a level 3 Snow Emergency. See Children's Services Manual Section 2.07 Inclement Winter Weather **(Attachment M)**.
 15. Vendor shall arrive at the customers' home in time for them to be at their appointments/destination on time, as scheduled. Vendor will telephone the customer in advance to inform the customer that vehicle is in route. Vendor will give the customer an estimated time of arrival for pick-up. The Vendor and its subcontractors shall wait no longer than a total of five (5) minutes after scheduled arrival time, unless HCJFS authorizes otherwise.
 16. Vendor shall pick up customer at the HCJFS authorized locations. The customer has no authority to change pick up or drop off locations, or bring additional riders who have not been pre-authorized by HCJFS. Vendor will inform HCJFS if authorized drop of destination is not a medical facility.



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B. Additional Service Components for Children's Services Customers

Child(ren) from the same family riding to and from appointments together shall have only one monitor to accompany them to and from the appointment. This includes physically assuming responsibility at the designated pick up point and escorting unaccompanied child(ren) to the point of release for appointments of an authorized Provider, as well as maintaining complete awareness and vigilance of child activity. Once the child(ren) has arrived at the designated appointment, the monitor is to release the child(ren) to the pre-authorized adults, therapists, medical personnel or social workers at the designated appointment location. Upon appointment completion, the potential Vendor will be required to pick-up the child(ren) for transport. The monitor will escort the child(ren) from the appointment location and return the child(ren) to the designated drop off location. The monitor will release the child(ren) to the pre-authorized adult.

1.2.3 Performance/Service Feedback**1. Performance Survey**

- a. Vendor(s) shall be responsible for obtaining a professional market research company or accredited university to administer a survey twice annually for HCJFS customers transported by the Vendor and all subcontractors. These surveys are to be completed in July and January for the preceding six (6) month period, or as otherwise directed by HCJFS.
- b. The customers shall be surveyed using a statistically valid random sampling methodology.
- c. The Vendor shall be liable for all scores, including subcontractor's scores.
- d. The findings of the surveys shall be available within sixty (60) days post survey period, directly to HCJFS' Transportation Services Management.
- e. When the Customer Satisfaction Survey of the Vendor and Contractor(s) is eighty-five percent (85%) or less favorable, HCJFS reserves the right to invoke a requirement for quarterly surveys at the Vendor's expense. After the second consecutive survey with results below eighty-five percent (85%), the Vendor shall be assessed one-thousand dollar (\$1,000.00) penalty. Recovery will be recouped through invoice deduction.

2. Continuous Quality Improvement Process

- a. For any Customer Satisfaction Survey score below eighty-five (85%), the Vendor shall be responsible for remediation of problems identified by the survey.
- b. If any Customer Satisfaction Survey score is below eighty-five (85%), the

Vendor shall develop, implement, and submit a quality assurance process that provides information for improving performance. The process will focus on enhancing service delivery and customer satisfaction. The report will be submitted to HCJFS one (1) month after receipt of the Survey report.

1.2.4 Complaint Resolution

1. Provide large typed signs in all vehicles that explain the customer complaint process in clear and easy-to-understand language, also incorporating Limited English Proficiency (LEP) customers, and including phone numbers and addresses;
2. Vendor is required to have a designated employee who fields all complaints, resolves those regarding Vendor services, and refers to HCJFS' those involving authorizations;
3. Ensure the above contact point, or someone backing up for this person, is available by phone during HCJFS business hours (M-F 7:00 a.m. – 5:00 p.m.);
4. Vendor will track complaints by customer, service Vendor, and type of complaint. Vendor will individually address and document the resolution of each complaint and maintain information in an appropriate database or spreadsheet; analyze and use information from the complaint database to increase service and decrease complaints; and make that data available to HCJFS within five (5) days of a request from HCJFS and/or the end of each month, depending on which comes first; and
5. Good customer service is a priority to HCJFS. HCJFS reserves the right to implement progressive corrective action as a result of multiple complaints about Vendor customer service delivery.

1.2.5 Employee Qualifications

Vendor, and any subcontractor, providing transportation services directly shall ensure that any employee who has direct contact with HCJFS' customers, who are being transported under the terms of this contract, will meet the following qualifications:

1. **Work History:** All Vendor employees who are assigned to this contract with HCJFS' customers shall have information on job applications verified. Verification shall include references and work history information.
2. **Criminal Record Check:** Vendor warrants and represents it will comply with ORC 2151.86 and will annually complete criminal record checks on all individuals assigned to work with, volunteer with, or transport consumers. Vendor will obtain a

statewide conviction record check through the Bureau of Criminal Identification and Investigation ("BCII"), and obtain a criminal record transcript from the Cincinnati Police Department, the Hamilton County Sheriff's Office, and any law enforcement or police department necessary to conduct complete criminal record checks of each individual providing service. All completed and documented checks shall be in the employee file.

Vendor shall ensure that every above described individual will sign a release of information, attached hereto and incorporated herein as **Attachment N** to allow inspection and audit of the above criminal records transcripts or reports by HCJFS or a private vendor hired by HCJFS to conduct compliance reviews on their behalf.

Vendor shall not assign any individual to work with or transport consumers until a BCII report and a criminal record transcript has been obtained. A BCII report must be dated within six (6) months of the date an employee or volunteer is hired.

3. **Employees Who Have Been Convicted:** Employees who have been convicted of or plead guilty to any of the laws contained in the Ohio Revised Code Section 5153.111(B)(1) or Section 2919.24 shall not come into contact with HCJFS' customers. Employers shall not operate a vehicle with a HCJFS customer as a passenger if:

- a. The employee has a condition which would affect safe operation of a motor vehicle;
- b. The employee has six (6) or more points on his or her driver's license; or
- c. The employee has been convicted of driving while under the influence of alcohol and/or drugs.
- d. Vendor shall not utilize any individual who has been convicted or plead guilty to any violations contained in ORC 5153.111(B)(1), ORC 2919.24, and OAC Chapters 5101:2-5, 5101:2-7, 5101:2-48.

4. **Employees Operating A Vehicle:** Employees who will operate a vehicle with HCJFS customers shall have the following qualifications:

- a. A commercial driver's license
- b. If operating a school bus, the Vendor must meet the requirements according to the Ohio Revised Code 4506 Commercial Driver's Licensing with the appropriate endorsement and restriction and training that meets or exceeds

the minimum requirements of the Ohio Pupil Operation and Safety Rules in Ohio Administrative Code 3301-83, including emergency evacuation and drills, some experience driving a school bus or supervised on the job training by the Vendor until competency is assured, as required by the type of vehicle being driven.

- c. All drivers shall display a picture ID when providing HCJFS transportation.
 - d. Employees shall be trained and have competence using age appropriate safety restraints (i.e., car seats, booster seats, safety belts, etc.).
 - e. Vendor must maintain and document a regularly scheduled training for drivers and dispatchers. Training must include but not be limited to appropriate phone etiquette, passenger assistance, and emergency procedures.
5. **Employees as Monitors:** Employees, who shall be used solely as monitors on a vehicle and will never operate the vehicle, shall be at least twenty-one (21) years of age and have employment or volunteer history that demonstrates ability, maturity, and sensitivity to care for abused and neglected children and be trained as required by Federal, State and Local laws, rules and regulations including but not limited to the following :
- a. Employees shall be trained in emergency evacuation procedures and drills.
 - b. Employees shall be trained and have competence using age appropriate safety restraints (i.e., car seats, booster seats, safety belts, etc.).
 - c. Vendor must maintain and document a regularly scheduled training for monitor. Training must include but not be limited to appropriate phone etiquette, passenger assistance, and emergency procedures.
6. **Employee Confidential Information:** HCJFS may request that the Vendor not use an employee or prospective employee as a bus driver or monitor based on confidential information known to HCJFS. To this end, the Vendor shall provide to HCJFS the name and social security number of all individuals having direct contact with children prior to providing transportation services. The Vendor shall not use an employee or prospective employee as a driver or monitor unless approved by HCJFS.

1.2.6 Vehicles and Equipment Requirements

All vehicles used shall conform to, be equipped, maintained, and inspected as required by all federal, state, and local laws and regulations of agencies governing school buses and the transportation of children and school children. These include but are not limited to Ohio Revised Code Chapter 45 Section 4501 and 4511.81, Ohio Administrative Code

4501-37, and the Ohio Department of Education's Pupil Transportation Operation and Safety Rules.

HCJFS shall receive, within five (5) business days of request, the identification number, Ohio highway patrol school bus inspection and report, the daily pre-trip inspection log, and maintenance schedule for each vehicle used at any time to fulfill this contract.

HCJFS reserves the right to inspect vehicles of its choice used by the Vendor for transporting eligible individuals at any time and without prior notice to the Vendor. HCJFS reserves the right to ride in vehicles of its choice used by the Vendor to monitor the safety of the vehicle and the quality of service delivery.

All vehicles used shall be maintained in a safe operating condition. At a minimum the interior and exterior of each vehicle will be cleaned weekly and free of debris, smoke – free and fragrance free when requested by customer or HCJFS. For the purpose of responding quickly to emergency situations, Vendor agrees to equip each vehicle with a first aid kit, a blood borne pathogen kit, a knife designed for cutting restraint straps should an emergency evacuation be necessary, and a 2-way radio of sufficient watts to cover all Hamilton County and Tri State Region.

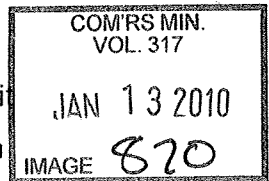
In providing this service, the Vendor agrees to do so in complete compliance with Federal, State, and local law and the policies of HCJFS.

1.2.7 Technology Requirements

The Vendor is required to receive transportation authorization orders and to submit invoice details via an account on HCJFS' Secure FTP server. The files must be in standard text format (.txt) and meet the HCJFS prescribed layout specifications

(Attachment O). The Vendor must supply the computer hardware and software technology required for facilitating the file transfer process. Broadband/high speed internet access and a secure ftp client (i.e. FileZilla), needed to maintain a standard of 128 bit encryption for confidential information, is required.

If deemed necessary, the Vendor may be required to attend training on technical requirements and/or briefings in regards to modifications prior to and/or during the execution of a contract.



2.0 Vendor Proposal

It is required that all proposals be submitted in the format as described in this section and represent the lowest cost without compromising services. Each submission must have one original proposal with ten (10) copies, using twelve (12) point Arial font when possible. Each Proposal section title must correspond to the following format below. All proposal pages will be numbered sequentially throughout entire proposal beginning with – Section 2.1 – Cover Sheet and ending with Section 2.5 – Personnel Qualifications. Vendors are encouraged, but not required, to use double sided copies in their proposal. Proposals must contain all the specified elements of information listed below **without exception, including all subsections therein:**

Section 2.1 – Cover Sheet

Section 2.2 - Service and Business Deliverables

Section 2.2 - Service and Business Deliverables

Section 2.2.1 – Program Components

Section 2.2.2 – System and Fiscal Administration Components

Section 2.3 – Budgets and Cost Considerations

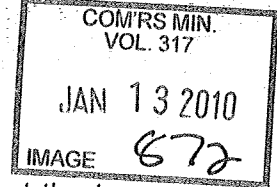
Section 2.4 - Customer References

Section 2.5 - Personnel Qualifications

2.1 Cover Sheet

Each Vendor must complete the Cover Sheet, **Attachment A**, for each proposal submitted and include such in its proposal. The Cover Sheet must be signed by an authorized representative, Chief Financial Officer of the Vendor, and also include the names of individuals authorized to negotiate with HCJFS. The signature line must indicate the title or position the individual holds in the company. Any and all proposals without unsigned Cover Sheets will be rejected.

The Cover Sheet for each proposed service must also include the proposed Unit Rate(s) and Monitor Rate for each service Vendor is proposing for Contract Years 2010 through 2011(initial contract years), and 2012 through 2013 (renewal contract years). These Unit Rate(s) and Monitor Rate must be supported by the Budget. Please indicate on the Cover Sheet what Service the proposal is intended.



2.2 Service and Business Deliverables

Vendor should clearly state its competitive advantage and its ability to meet the terms, conditions, and requirements as defined in this RFP in responding to this section. Vendors must describe in detail all information set forth in Section 2.2.1 Program Components and Section 2.2.2 System and Fiscal Administration Components:

2.2.1 Program Components

Vendor is required to respond to the following for all Proposal submissions:

1. Describe how you will be providing the service identified in Section 1.2 Scope of Service. Include details about the type of vehicles to be utilized and number of staff that will be necessary, for example drivers, administrative staff.
2. Describe the population you serve and Vendor's history and experience. Please state your competitive advantage and ability to meet the terms, conditions and requirements defined in this RFP.
3. Describe how you will provide a toll free telephone number accessible twenty-four (24) hours per day, seven (7) days per week, for HCJFS approved Medicaid customers to call and personnel to answer the toll free telephone number.
4. Describe how you will coordinate all transports in a manner that will be most cost efficient while addressing the child(ren)'s medical, physical, custodial, psychiatric and timeliness needs.
5. Describe how the Vendor will coordinate and monitor the transportation.
6. Describe your policy for handling contacts from the media regarding customer incidents.
7. Describe the Vendor plan for communicating non-medical emergencies such as car trouble, accidents, etc. to HCJFS' transportation management, parents, Children's Services and child care facilities.
8. Describe Vendor's expertise in dealing with people that require great patience at all times and that may lead to unpredictable and crisis-laden situations.
9. Describe how Vendor will handle language barriers.
10. Describe Vendor's experience in transporting individuals in wheelchairs.
11. Describe how your vehicle(s) is equipped with child restraints in accordance with Children's Services Manual Section 15.01B (**Attachment L**).
12. If you plan to subcontract please describe how you plan to use subcontractors in this contract and provide a list of potential subcontractors.

13. Describe how many vehicles have access to and utilize screened vehicles for transportation of customers.
14. Describe how you plan to maintain daily records on attendance sheets verifying that service was provided. Please attach a sample of the form.
15. Describe in detail your training policy for drivers, dispatchers, etc. REFERENCE Section 1.2.5 Employee Qualifications, #4 Employees Operating A Vehicle.
16. Describe the internet access and secure ftp client that will be utilized.
17. Provide a file layout/description of the Monthly Billing Detail file that will be delivered.
18. State how you are you able to provide all electronically submitted reports in Excel version XP or 2007 format.
19. Describe your experience, and/or your ability, to maintain the confidentiality of customer information and exchange customer data with HCJFS via secure and encrypted Certified Mail e-mail, per (**Attachment P**).
20. Describe your ability to attend trainings/briefings regarding technical requirements as needed?
21. Describe and explain your encryption technology to receive and send confidential client information.
22. Describe your ability to have transportation available for customers twenty-four (24) hours, seven (7) days a week regardless of holidays or inclement weather.

2.2.2 System and Fiscal Administration Components

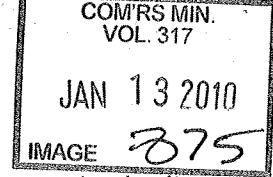
Please provide the following attached to the original proposal and all copies:

- A. Contact Information - Provide the address for the Vendor's headquarters and service locations. Include a contact name, address, and phone number.
- B. Agency/Company History - Provide a brief history of Agency/Company's organization. Include the Agency/Company mission statement and philosophy of service.
- C. Subcontracts - Submit a letter of intent from each subcontractor indicating their commitment, the service(s) to be provided and three (3) references. All subcontractors must be approved by HCJFS and will be held to the same contract standards as the Agency/Company.

- D. Agency's/Company Primary Business - State the agency's/company's primary line of business, the date established, the number of years of relevant experience, and the number of employees.
- E. Table of Organization - Clearly distinguish programs, channels of communication and the relationship of the proposed provision of services to the total company.
- F. Insurance and Worker's Compensation - A current certificate of insurance, current endorsements and Worker's Compensation certificate.
- G. Job Descriptions - For all positions in the program budget.
- H. Daily Service/Attendance Form - Include a blank copy of the forms used to record services provided. Information must include: date of service, beginning and end time of service, names of all participants who received service, the type of service received, and name of the driver and monitor.
- I. Program Quality Documents - Attach documents which describe and support program quality. Such documents might be the forms used for monitoring and evaluation or copies of awards received for excellent program quality.
- J. Agency's/Company's Brochures - A copy of the Agency's/Company's brochures which describe the services being proposed.

Please provide the following attached only to the original proposal:

- K. Agency/Company Ownership - Describe how the agency/company is owned (include the form of business entity -i.e., corporation, partnership or sole proprietorship) and financed.
- L. Annual Report - A copy of Vendor's most recent annual report, the most recent independent annual audit report, and a copy of all management letters related to the most recent independent annual audit report and the most recent Form 990. For a sole proprietor or for profit entities, include copies of the two (2) most recent year's federal income tax returns and the most recent year end balance sheet and income statement. If no audited statements are available, Vendor must supply equivalent financial statements certified by Vendor to fairly and accurately reflect the Vendor's financial status. **It is the responsibility of the Vendor to redact tax identification numbers from all documents prior to submission to HCJFS.**
- M. Licensure - A copy of appropriate licensure from ODJFS, ODMH or other licensing agencies. Identify any actions to include any documentation of actions taken by ODJFS, ODMH or any other licensing body against your organization or any subsidiaries or business partners over the past 10 years including, but not limited to Corrective Action Plans, temporary licenses or revocations.



2.3 Budgets and Cost Considerations

HCJFS anticipates services will begin no later than January 1, 2010. Vendor must submit a Budget and Unit Rate calculation of the trip rate per leg per person, and Monitor Rate (if applicable), for the initial contract term (2010 through 2011) and one (1) two (2) year optional renewal period (2012 through 2013). The monitor's wage can be no more than current Federal minimal wage. Vendor understands it will be used to compensate Vendor for services provided. Budgets and Unit Rates and Monitor Rate must be submitted in the form provided as **Attachment C**.

In the event a fuel surcharge is included in your proposal, please submit the following:

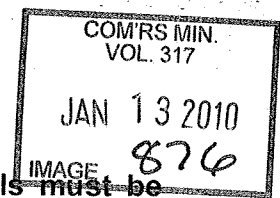
1. Your proposed base price of fuel per gallon including your methodology used to determine the base price of fuel per gallon.
2. Average miles per gallon fuel consumption per vehicle type.
3. The method used to determine when the fuel increase would apply. Ex: actual cost from your designated NET credit card account or as reported by US Energy Information Administration for the Midwest/Ohio region?

A. Profit Margin:

Vendor and HCJFS agree that the profit margin set forth in the Budget will not materially differ from that presented in the Budget for the Initial Term of the Contract, inclusive of any increases to the Base Unit Rate on a monthly and quarterly basis. To the extent Vendor's profit margin materially differs from that presented in the Budget and industry standards for similar bus companies; the parties agree to negotiate any modification to the Budget in good faith. If a modified Budget cannot be agreed to by the parties after no less than a thirty (30) day period of good faith negotiations, either party may terminate this Contract with no less than sixty (60) days prior written notice. The parties recognize that the Services provided require a complex array of transportation services from non-emergency medical to regulated school transportation operation twenty-four (24) hours per day, seven (7) days per week, and three hundred sixty-five (365) days per year.

When completing the HCJFS Budget profit margin line item, please provide your company or agency's profitability, by calculating your operating earnings excluding tax and interest, this is also known as EBIT

All registered Vendors will be sent an electronic budget file in Excel format. All Vendors submitting a proposal shall include a hard copy of all ten (10) budgets in the proposal and also submit budgets electronically in Excel format to the contact person identified in Section 3.2 HCJFS Contact Person. If Vendor is unable to submit an electronic copy of the budget, Vendor shall include a statement in the



budget narrative explaining the reason.

NOTE: The electronic copy of the budget and Vendor's proposals must be received by the due date specified in the RFP. The electronic copy of the budget must be submitted in an unlocked Excel format and must match the hardcopy budge submitted in the proposal.

For renewal years, any increases in Unit Rates will be at the sole discretion of HCJFS, subject to funding availability and contract performance, and will be limited to no more than 3% of the Unit Rate of the prior term. HCJFS does not guarantee that the Unit Rate will be increased from one contract term to the next. Nothing in the RFP shall be construed to be a guarantee of any Unit Rate increase.

B. Vendor must warrant and represent the Budget is based upon current financial information and programs, and includes all costs relating to but not limited by the following:

1. Transportation; and
2. Monitor(s); and
3. Other direct services (e.g. insurance, administration, etc.) needed to accurately calculate the cost of a unit of Service

All revenue sources available to Vendor to serve customers identified in the Scope of Service shall be listed in the Budget, and utilized, where permissible, to reduce the Unit Rate. All costs must be specified for the various parts of the program. Cost must be broken down by type of work as well as classifications for staff, i.e. senior program manager vs. lower level position.

The **Unit Rate and Monitor Rate** for each service proposed for each contract year must be listed on the Cover Sheet, **Attachment A**.

C. Vendor must submit a detailed narrative which demonstrates how costs are related to the service(s) presented in the proposal.

D. Vendor must take note that "profit" will be a separately negotiated element of price pursuant to OAC 5101:9-4-07, if Vendor is a for-profit organization.

E. For the purposes of this RFP, "unallowable" program costs include:

1. cost of equipment or facilities procured under a lease-purchase arrangement unless it is applicable to the cost of ownership such as depreciation, utilities, maintenance and repair;
2. bad debt or losses arising from uncorrectable accounts and other claims and related costs;
3. contributions to a contingency(ies) reserve or any similar provision for unforeseen events;

4. contributions, donations or any outlay of cash with no prospective benefit to the facility or program;
 5. entertainment costs for amusements, social activities and related costs for staff only;
 6. costs of alcoholic beverages;
 7. goods or services for personal use;
 8. fines, penalties or mischarging costs resulting from violations of, or failure to comply with, laws and regulations;
 9. gains and losses on disposition or impairment of depreciable or capital assets;
 10. cost of depreciation on idle facilities, except when necessary to meet Contract demands;
 11. costs incurred for interest on borrowed capital or the use of a governmental unit's own funds, except as provided in OAC 5101:2-47-25(n);
 12. losses on other contracts';
 13. organizational costs such as incorporation, fees to attorneys, accountants and brokers in connection with establishment or reorganization;
 14. costs related to legal and other proceedings;
 15. goodwill;
 16. asset valuations resulting from business combinations;
 17. legislative lobbying costs;
 18. cost of organized fund raising;
 19. cost of investment counsel and staff and similar expenses incurred solely to enhance income from investments;
 20. any costs specifically subsidized by federal monies with the exception of federal funds authorized by federal law to be used to match other federal funds;
 21. advertising costs with the exception of service-related recruitment needs, procurement of scarce items and disposal of scrap and surplus;
 22. cost of insurance on the life of any officer or employee for which the facility is beneficiary;
 23. major losses incurred through the lack of available insurance coverage; and
 24. cost of prohibited activities from section 501©(3) of the Internal Revenue Code.
- If there is a dispute regarding whether a certain item of cost is allowable, HCJFS' decision is final.

2.4 Customer References

Vendor must submit at least three (3) letters of reference for whom services were provided similar in nature and functionality to those requested by HCJFS. Reference letters from HCJFS or HCJFS employees will not be accepted. Each reference must include at a minimum:

- A. Company name;
- B. Address;
- C. Phone number;
- D. Fax number;
- E. Contact person;
- F. Nature of relationship and service performed; and,
- G. Time period during which services were performed.

If Vendor is unable to submit at least three (3) letters of reference, Vendor must submit a detailed explanation as to why.

2.5 Personnel Qualifications

For all company and sub-contract personnel, who will be working with the program, please submit resumes with the following:

- A. Proposed role;
- B. Industry certification(s), including any licenses or certifications and, if so, whether such licenses or certifications have been suspended or revoked at any time;
- C. Work history; and
- D. Personal reference (company name, contact name and phone number, scope and duration of program).

Vendor's program manager, or the person(s) who will be responsible for administering the Vendor's transportation program, must have a minimum of three (3) years experience as a program manager, or responsibility for administering transportation services, with a similar program.

RFPs and all attachments are posted on the Hamilton County Board of County Commissioner's website for general viewing. It is the proposing agency's responsibility to redact all personal information from resumes. Please make sure the resume reflects the person's position title instead of their name so we can tie the position back to the budget.

3.0 PROPOSAL GUIDELINES

The RFP, the evaluation of responses, and the award of any resultant contract shall be made in conformance with current federal, state, and local laws and procedures.

3.1 Program Schedule

ACTION ITEM	DELIVERY DATE
RFP Issued	June 4, 2009
RFP Conference	June 22, 2009, 1:00 p.m.
Deadline for Receiving Final RFP Questions	June 24, 2009
Deadline for Issuing Final RFP Answers	July 6, 2009
Deadline for Proposals Received by HCJFS Contact Person	August 12, 2009, by 11:00 a.m.
Deadline for Registering for the RFP Process	July 29, 2009, 3:00 p.m.
Oral Presentation/Site Visits – if needed	August 18, 2009
Anticipated Proposal Review Completed	August 20, 2009
Anticipated Start Date	January 1, 2010

3.2 HCJFS Contact Person

HCJFS Contact Person and mailing address for questions about the proposal process, technical issues, the Scope of Service or to send a request for a post-proposal meeting is:

Maggie Barnett, Contract Services
 Hamilton County Department of Job and Family Services
 222 East Central Parkway, 3rd floor
 Cincinnati, Ohio 45202
HCJFS_RFP_COMMUNICATIONS@jfs.hamilton-co.org
 Fax: (513) 946-2384

3.3 Registration for the RFP Process

EACH VENDOR MUST REGISTER FOR AND RESPOND TO THIS RFP TO BE CONSIDERED. THE DEADLINE TO REGISTER FOR THE RFP IS July 29, 2009, By 4:00 p.m.

All interested Vendors must complete Registration Form (**Attachment H**) and fax or e-mail the HCJFS Contact Person to register, leaving their name, company name, email address, fax number and phone number. The HCJFS Contact Person's fax number is (513) 946-2384, and their e-mail address is HCJFS_RFP_COMMUNICATIONS@jfs.hamilton-co.org.

3.4 RFP Conference

The RFP Conference will take place at the Hamilton County Job & Family Services, 222 E. Central Parkway, Cincinnati, Ohio, 45202, 6th Floor, Room 6SE401, on Monday, June 22, 2009, 1:00 p.m.

All registered Vendors may also submit written questions regarding the RFP or the RFP Process. All communications being mailed, faxed or e-mailed are to be sent only to the HCJFS Contact Person listed in Section 3.2.

- A. Prior to the RFP Conference, questions may be faxed or e-mailed regarding the RFP or proposal process to the HCJFS Contact Person. The questions and answers will be distributed at the RFP's Conference and by e-mail to Vendors who have registered for the RFP Process but are unable to attend the RFP's Conference.
- B. After the RFP Conference, questions may be faxed or e-mailed regarding the RFP or the RFP Process to the HCJFS Contact Person.
- C. No questions will be accepted after **June 24, 2009**. The final responses will be faxed or e-mailed on **July 6, 2009** by 4:00 p.m.
- D. Only Vendors who register for the RFP Process will receive copies of questions and answers.
- E. The answers issued in response to such Vendor questions become part of the RFP.

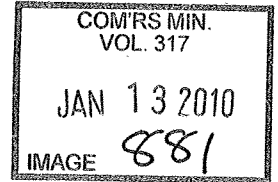
3.5 Prohibited Contacts

The integrity of the RFP process is very important to HCJFS in the administration of our business affairs, in our responsibility to the residents of Hamilton County, and to the Vendors who participate in the process in good faith. Behavior by Vendors which violates or attempts to manipulate the RFP process in any way is taken very seriously. Neither

Vendor nor their representatives should communicate with individuals associated with this program during the RFP process. If the Vendor attempts any unauthorized communication, HCJFS will reject the Vendor's proposal.

Individuals associated with this program include, but are not limited to the following:

- A. Public officials; including but not limited to the Hamilton County Commissioners; and
- B. Any HCJFS employees, except for the HCJFS Contact Person.



Examples of unauthorized communications are:

- A. Telephone calls;
- B. Prior to the award being made, telephone calls, letters and faxes regarding the program or its evaluation made to anyone other than the HCJFS Contact Person as listed in Section 3.2;
- C. Visits in person or through a third party attempting to obtain information regarding the RFP; and
- D. E-mail except to the HCJFS Contact Person, as listed in Section 3.2.

3.6 Vendor Disclosures

Vendor must disclose any pending or threatened court actions and claims brought by or against the Vendor, its parent company or its subsidiaries. This information will not necessarily be cause for rejection of the proposal; however, withholding the information may be cause for rejection of the proposal.

3.7 Vendor Examination of the RFP

THIS RFP AND THE REQUIREMENTS HEREIN HAVE BEEN MODIFIED SINCE THE PREVIOUS RFP PROCESS. PLEASE REVIEW ALL REQUIREMENTS AND THE PROPOSAL TO ENSURE ACCURACY. ATTENDANCE AT THE RFP CONFERENCE IS HIGHLY ENCOURAGED.

Vendors shall carefully examine the entire RFP and any addenda thereto, all related materials and data referenced in the RFP or otherwise available and shall become fully aware of the nature of the request and the conditions to be encountered in performing the requested services.

If Vendors discover any ambiguity, conflict, discrepancy, omission or other error in this RFP, they shall immediately notify the HCJFS Contact Person of such error in writing and request clarification or modification of the document. Modifications shall be made by addenda issued pursuant to Section 3.8, Addenda to RFP. Clarification shall be given by fax or e-mail to all parties who registered for the RFP Conference, Section 3.3, without divulging the source of the request for same.

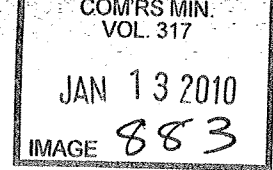
If a Vendor fails to notify HCJFS prior to **June 24, 2009 by 1:00 p.m.** of an error in the RFP known to the Vendor, or of an error which reasonably should have been known to the Vendor, the Vendor shall submit its proposal at the Vendor's own risk. If awarded the contract, the Vendor shall not be entitled to additional compensation or time by reason of the error or its later correction.

3.8 Addenda to RFP

HCJFS may modify this RFP no later than **July 6, 2009** by issuance of one or more addenda to all parties who registered for the RFP's Conference, Section 3.3. In the event modifications, clarifications, or additions to the RFP become necessary, all Vendors who registered for the RFP's Conference will be notified and will receive the addenda via fax or e-mail. In the unlikely event emergency addenda by telephone are necessary, the HCJFS Contact Person, or designee, will be responsible for contacting only those Vendors who registered for the Vendor's Conference. All addendas to the RFP will be posted to <http://www.hcifs.hamilton-co.org> and <http://www.bidsync.com>.

3.9 Availability of Funds

This program is conditioned upon the availability of federal, state, or local funds which are appropriated or allocated for payment of the proposed services. If, during any stage of this RFP process, funds are not allocated and available for the proposed services, the RFP process will be canceled. HCJFS will notify Vendor at the earliest possible time if this occurs. HCJFS is under no obligation to compensate Vendor for any expenses incurred as a result of the RFP process.



4.0 Submission of Proposal

Vendor must certify the proposal and pricing will remain in effect for 180 days after the proposal submission date.

4.1 Preparation of Proposal

Proposals must provide a straightforward, concise delineation of qualifications, capabilities, and experience to satisfy the requirements of the RFP. Expensive binding, colored displays, promotional materials, etc. are not necessary. Emphasis should be concentrated on conformance to the RFP instructions, responsiveness to the RFP requirements, completeness, and clarity of content. The proposal must include all costs relating to the services offered.

4.2 Cost of Developing Proposal

The cost of developing proposals is entirely the responsibility of the Vendor and shall not be chargeable to HCJFS under any circumstances. All materials submitted in response to the RFP will become the property of HCJFS and may be returned only at HCJFS' option and at Vendor's expense.

4.3 False or Misleading Statements

If, in the opinion of HCJFS, such information was intended to mislead HCJFS, in its evaluation of the proposal, the proposal will be rejected.

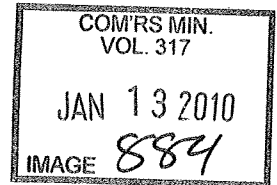
4.4 Delivery of Proposals

One (1) signed original proposal and ten (10) duplicates of the proposal must be received by the HCJFS Contact Person at the address listed in Section 3.2, HCJFS Contact Person, no later than **11:00 a.m. EST on August 12, 2009.** ***Proposals received after this date and time will not be considered.*** If Vendor is not submitting the proposal in person, Vendor should use certified or registered mail, UPS, or Federal Express with return receipt requested and email the HCJFS Contact Person the method of delivery. A receipt will be issued for all proposals received. No e-mail, telegraphic, facsimile, or telephone proposals will be accepted.

It is absolutely essential that Vendors carefully review all elements in their final proposals. Once received, proposals cannot be altered; however, HCJFS reserves the right to request additional information for clarification purposes only.

4.5 HCJFS Reserves the Right to Accept and/or Reject Any or All Proposals:

- A. award a contract for one or more of the proposed services;
- B. award a contract for the entire list of proposed services;
- C. reject any proposal, or any part thereof; and
- D. waive any informality in the proposals.



The recommendation of HCJFS staff and the decision by the HCJFS Director shall be final. Waiver of an immaterial defect in the proposal shall in no way modify the RFP documents or excuse the Vendor from full compliance with its specifications if Vendor is awarded the contract.

4.6 Evaluation and Award of Agreement

The review process shall be conducted in four stages. Although it is hoped and expected that a Vendor will be selected as a result of this process, HCJFS reserves the right to discontinue the procurement process at any time.

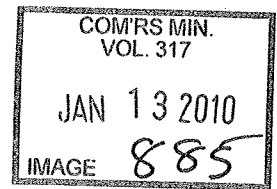
Stage 1. Preliminary Review

A preliminary review of all proposals submitted by **11:00 a.m. on August 12, 2009** to ensure the proposal materials adhere to the Mandatory Requirements specified in the RFP. Proposals which meet the Mandatory Requirements will be deemed Qualified. Those which do not, shall be deemed Non-Qualified. Non-Qualified proposals will be rejected.

Qualified proposals in response to the RFP must contain the following Mandatory Requirements:

- A. Timely Submission – The proposal is received at the address designated in Section 3.2 no later than **11:00 a.m. on August 12, 2009** and according to instructions. Proposals mailed but not received at the designated location by the specified date shall be deemed Non-Qualified and shall be rejected.
- B. Signed and Completed Cover Sheet, Section 2.1;
- C. Responses to Program Components, Section 2.2.1;
- D. Responses to System and Fiscal Administration Components, Section 2.2.2;

- E. Two (2) Completed Budgets and two (2) Budget Narrative, (hard and soft copies) Section 2.3;
- F. Three (3) Customer References or a written explanation, Section 2.4;
- G. Personnel Qualifications and Resumes, Section 2.5; and
- H. Completed RFP Registration Form.



Stage 2. Evaluation Committee Review

All Qualified proposals shall be reviewed, evaluated, and rated by the Review Committee. Review Committee shall be comprised of HCJFS staff and other individuals designated by HCJFS. Review Committee shall evaluate each Vendor's proposal using criteria developed by HCJFS. Ratings will be compiled using a Review Committee Rating Sheet. Responses to each question will be evaluated and ranked using the following scale:

Scale may not be altered.

Does Not Meet Requirement	A particular RFP requirement was not addressed in the Vendor's proposal. (Rating 0%)
Partially Meets Requirement	Vendor proposal demonstrates some attempt at meeting a particular RFP requirement, but that attempt falls below acceptable level. (Rating 25%)
Meets Requirement	Vendor's fulfills a particular RFP requirement in all material respects, potentially with only minor, non-substantial deviation. (Rating 75%)
Exceeds Requirement	Vendor's proposal fulfills a particular RFP requirement in all material respects, and offers some additional level of quality in excess of HCJFS expectations. (Rating 100%)

Stage 3 Other Materials

Review Committee members will determine what other information is required to complete the review process. All information obtained during Stage 3 will be evaluated using the scale set forth in Stage 2 Review. Review Committee may request information from sources other than the written proposal to evaluate Vendor's programs or clarify Vendor's proposal. Other sources of information, may include, but are not limited to, the following:

- A. Written responses from Vendor to clarify questions posed by Review Committee. Such information requests by Review Committee and Vendor's responses must always be in writing;

- C. Oral presentations. If HCJFS determines oral presentations are necessary, the presentations will be focused to ensure all of HCJFS' interests or concerns are adequately addressed. The primary presentation must include Vendor's key program personnel. HCJFS reserves the right to video tape the presentations.

Stage 4 Evaluation

Final scoring for each proposal will be calculated. For this RFP, the evaluation percentages assigned to each section are:

- A. Program Evaluation including responses to Section 2.2.1, Section 2.4 Customer References and Section 2.5 Personnel Qualifications are worth 50% of the total evaluation score.
- B. System Evaluation including responses to Section 2.2.2 Questions are worth 10% of the total evaluation score.
- C. Fiscal Evaluation, Section 2.3 Questions, Cost Analysis and Project Budget are worth 17% Initial Budget Years and 13% Renewal Budget Years of the total evaluation score.
- D. Section 4.6, Stage 3, Other Materials considered is worth 10% of the total evaluation score.

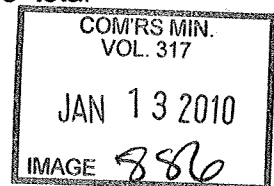
If HCJFS determines that is not necessary to conduct a Stage 3 review, the evaluation percentages assigned to each section are:

- A. Program Evaluation including responses to Section 2.2.1 Questions, Section 2.4 Customer References and Section 2.5 Personnel Qualifications are worth 60% of the total evaluation score.
- B. System Evaluation including responses to Section 2.2.2 Questions are worth 10% of the total evaluation score.
- C. Fiscal Evaluation, Section 2.3 Questions, Cost Analysis and Project Budget are worth 17% Initial Budget Years and 13% Renewal Budget Years of the total evaluation score.

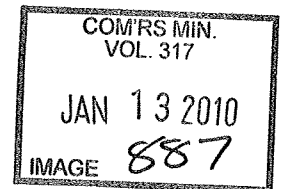
4.7 Proposal Selection

Proposal selection does not guarantee a contract for services will be awarded. The selection process includes:

- A. All proposals will be evaluated in accordance with Section 4.6 Evaluation & Award of Agreement. The Review Committee's evaluations will be scored and sent through administrative review for final approval.



- B. Based upon the results of the evaluation, HCJFS will select Vendor(s) for the services who it determines to be the responsible agency/company(s) whose proposal(s) is (are) most advantageous to the program, with price and other factors considered.
- C. HCJFS will work with selected Vendor to finalize details of the Contract using **Attachment B**, Contract Sample, to be executed between the BOCC on behalf of HCJFS and Vendor.
- D. If HCJFS and selected Vendor are able to successfully agree with the Contract terms, the BOCC has final authority to approve and award Contracts. The Contract is not final until the BOCC has approved the document through public review and resolution through quorum vote.
- E. If HCJFS and successful bidder are unable to come to terms regarding the Agreement, in a timely manner as determined by HCJFS, HCJFS will terminate the Agreement discussions with Vendor. In such event, HCJFS reserves the right to select another Vendor from the RFP process, cancel the RFP or reissue the RFP as deemed necessary.



4.8 Post-Proposal Meeting

The post-proposal meeting process may be utilized only by Qualified Vendors passing the preliminary Stage 1 Review, who wish to obtain clarifying information regarding their non-selection. If a Vendor wishes to discuss the selection process, the request for an informal meeting and the explanation for it must be submitted in writing and received by HCJFS within fourteen (14) business days after the date of notification of the decision. All requests must be signed by an individual authorized to represent the Vendor and be addressed to the HCJFS Contact Person at the address listed in Section 3.2. Certified or registered mail must be used unless the request is delivered in person, in which case the Vendor should obtain a delivery receipt. A meeting will be scheduled within 21 calendar days of receipt of the request and will be for the purpose of discussing a Vendor's non-selection.

4.9 Public Records

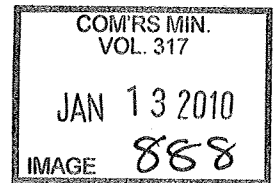
Hamilton County is a governmental agency required to comply with the Ohio Public Records Act as set forth in ORC 149.43. In the event Vendor provides Hamilton County with any material or information which Vendor deems to be subject to exemption under the Ohio Public Records Act, Vendor shall clearly identify and mark such documents accordingly before submitting them to Hamilton County. If Hamilton County is requested by a third party to disclose those documents which are identified and marked as exempt for disclosure under Ohio law, Hamilton County will notify Vendor of that fact. Vendor shall

promptly notify Hamilton County, in writing, that either a) Hamilton County is permitted to release these documents, or b) Vendor intends to take immediate legal action to prevent its release to a third party. A failure of Vendor to respond within five (5) business days shall be deemed permission for Hamilton County to release such documents.

4.10 Vendor Certification Process

HCJFS reserves the right to complete the Vendor Certification process for selected Vendors. The purpose of the process is to provide some assurance to HCJFS that Vendor has the administrative capability to effectively and efficiently manage the contract. The process covers three (3) key areas: Section A - basic identifying information; Section B - financial and administrative information; and Section C - quality assurance information. The process may be abbreviated for Vendors already certified through another process, such as Medicaid, JCAHO, COA, CARF, etc.

See example **Attachment D**.



5.0 Terms and Conditions

The contents of this RFP and the commitments set forth in the selected proposals shall be considered contractual obligations, if a contract ensues. Failure to accept these obligations may result in cancellation of the award. All legally required terms and conditions shall be incorporated into final contract agreements with the selected Vendors.

5.1 Type of Contract

The evaluation of proposals submitted in response to this RFP may result in the issuance of a contract. The contract shall incorporate the terms, conditions and requirements of the RFP, the Vendor's proposal, and any other mutually agreed upon terms.

5.2 Order of Precedence

The successful Vendor's proposal, this RFP, and other applicable addenda will become part of the final contract. This RFP and all attachments are intended to supplement and complement each other and shall where permissible be so interpreted. However, if any provision of this RFP or the attachments conflict, this RFP takes precedence.

5.3 Contract Period, Funding & Invoicing

A contract will be written for the initial term of two (2) years and one (1) additional two (2) year renewal period. Contract renewal and any proposed renewal year rate increase (up to 3% subject to Section 2.3) will be initiated at the sole discretion of HCJFS, subject to funding availability and Vendor contract performance. Contract payment is based on Unit Rates and Monitor Rate for authorized services already provided. HCJFS will use its best efforts to make payment within 30 days of receipt of timely and accurate invoices and required documentation. HCJFS will not pay late fees, interest, or other penalties for later payment.

Invoices:

Vendor shall invoice the NET Fiscal coordinator on a per leg (one-way) basis. There shall be no additional recompense for companions riding with children or no shows.

Original invoices for each service shall be sent according to Section 1.2.7, Technology Requirements, and payment process will be as follows:

1. Vendor shall submit a separate invoice for each service month. HCJFS will not make payment for any Service, either an initial invoice or a supplemental invoice, which is submitted to HCJFS more than ninety (90) calendar days from the end of the service month. The HCJFS Fiscal Department has the final authority in determining if an

invoice is either received timely or is accurate. HCJFS will implement partial invoice payment as permitted by County Auditor procedures.

2. For invoices which are received timely but are not accurate, there will be no extension of the time limitation set forth in paragraph one (1) of this Section for re-submission of an invoice unless such delay is caused by HCJFS.
3. For accurate invoices that are received timely, HCJFS will use its best effort to make payment within thirty (30) calendar days after receipt of the invoice for all invoices received in accordance with the terms of this Contract.
4. The Vendor shall submit a separate invoice for each Program (NET, PRS/Healthchek/NET Children's Services,). Each invoice shall include a signed cover sheet with the Vendor's name and address, invoice date, invoice number, billing period information, program identification, dollar amount due for each day of the billing period, and the total dollar amount due for the billing period.

Suspension of Referrals and/or Payment of Invoices:

HCJFS, at its sole discretion, may at any time suspend:

- a. requests for service to the Vendor; and/or
- b. the processing and/or payment of any invoice(s) submitted by Vendor, if at any time during, HCJFS has reasonable belief or actual knowledge of Vendor's noncompliance with federal, state, and/or local law, regulation or rule.

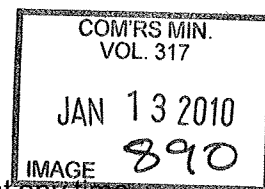
HCJFS shall immediately attempt to notify Vendor of any such suspension and shall, within twenty-four (24) hours of a suspension, send written notice of the suspension to Vendor by regular U.S. Mail.

Upon completion of any investigation conducted pursuant to the provisions of this RFP, Agency shall notify Vendor, in writing, of the results of the investigation as well as any action(s) that will be taken by HCJFS including, but not limited to, immediate termination of this RFP.

See Attachment B for a sample Vendor Contract for minimum contractual requirements of all HCJFS Vendors. HCJFS reserves the right to add or delete contract language to meet program needs.

5.4 Confidential Information

HCJFS is required to maintain the confidentiality of consumer information. The sharing of consumer information with HCJFS business partners and service Vendors is governed by numerous laws, regulations, policies and procedures. The governing requirements were developed to ensure that confidentiality is maintained and that appropriate security procedures are implemented and followed to address the exchange of information. Any



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Vendor engaging in any service for HCJFS will be required to hold confidential consumer information.

As a means of ensuring the confidentiality of consumer information, all data exchanged via e-mail must be done using Certified Mail. **(Attachment P)**

5.5 Discrimination in the performance of services

Vendor agrees to comply with the non-discrimination requirements of Title VI of the Civil Rights Act of 1964, 42 USC Section 2000d, and any regulations promulgated there under. Vendor further agrees that it shall not exclude from participation in, deny the benefits of, or otherwise subject to discrimination any HCJFS consumer in its performance of this Contract on the basis of race, color, religion, sex, national origin, ancestry, disability, Vietnam-era veteran status, age, political belief, or place of birth.

Vendor further agrees to comply with OAC 5101:9-02-01 and OAC 5101:9-02-05, as applicable, which require that contractors and sub-grantees receiving federal funds must assure that persons with Limited English Proficiency (LEP) can meaningfully access services. To the extent Vendor provides assistance to LEP individuals through the use of an oral or written translator or interpretation services, in compliance with this requirement, individuals shall not be required to pay for such assistance. See Section 5.5 on Non-Discrimination in The Performance of Services of this RFP for further information.

5.6 Insurance

The Vendor agrees to procure and maintain for the duration of this Contract the following insurance: insurance against claims for injuries to persons or damages to property which may arise from or in connection with the Vendor's operations as described in this Contract (commercial general liability); auto liability insurance; umbrella/excess liability; and workers' compensation insurance. The cost of such insurance shall be borne by the Vendor. Coverage shall be purchased from a company licensed to provide insurance in Ohio. Insurance is to be placed with an insurer with an A. M. Best rating of no less than A:VII.

B. Coverage and Minimum Limits:

1. Commercial General Liability insurance with limits no less than \$1,000,000 per occurrence and \$2,000,000 in the annual aggregate. Such policy will provide coverage contained in Insurance Services Office Occurrence Form CG 00 01 or equivalent including: products liability/completed operations, blanket contractual liability, broad form property damage, severability of interests, personal injury and be endorsed for sexual molestation and physical abuse.

2. Comprehensive Business Automobile liability insurance with combined single loss limits based on the following:

Motor vehicle with capacity of six (6) or less occupants, including operator, includes taxis and handicapped livery vehicles, as defined in City of Cincinnati Ordinance 407-29. Such motor vehicle shall have at least \$1,000,000 limit per accident.

Motor vehicle with capacity of greater than 6 occupants, including operator, but less than 15 occupants including operator, including Class A Limousine and Class B Limousine, as defined in City of Cincinnati Ordinance 407-1-L1. Such motor vehicle shall have at least \$5,000,000 limit per accident.

Motor vehicle with capacity of 15 occupants or greater, including operator. Such motor vehicle shall have at least \$5,000,000 limit per accident.

Coverage shall include all owned, hired and non-owned autos, vans and buses and provide coverage for Vendor's liability to occupants and claimants.

3. Umbrella/Excess Liability insurance in excess of the underlying commercial general liability and business auto liability insurance with limits no less than \$2,000,000 combined single limit and aggregate limit. Such policy will include: pay on behalf of wording; concurrency of effective dates with primary; blanket contractual liability; punitive damages coverage (where not prohibited by law); aggregates: apply where applicable in primary; care, custody and control – follow form primary; and, drop down feature.
4. Workers' Compensation insurance at the statutory limits required by Ohio Revised Code.

C. Miscellaneous Provisions

1. The Board of County Commissioners, Hamilton County, Ohio and the Hamilton County Department of Job & Family Services, and their respective employees, officials, agents and volunteers will be endorsed as additional insurers on the commercial general liability and the business automobile liability policies.
2. Vendor shall provide occurrence based policies for general commercial liability and umbrella/excess liability insurance.
3. Vendor shall declare any self – insured retention to the HCJFS pertaining to liability insurance. In no case shall the Vendor's self – insured retention be greater than ten thousand dollars (\$10,000.00). Further, such Vendor shall

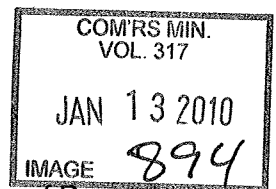
provide a financial guarantee satisfactory to the HCJFS guaranteeing payment of losses and related investigations, claims administration and defense expenses under the Vendor's self – insured retention.

4. The Vendor's insurance coverage shall be primary insurance with respect to the County and HCJFS, and its employees, officials, agents and volunteers.
5. Any insurance maintained by the County and HCJFS shall be excess of the Vendor's insurance and shall not contribute to it.
6. Each insurance policy required by this clause shall be endorsed to state that coverage shall not be cancelled or materially changed except after thirty (30) days' prior written notice given to: Risk Manager, Hamilton County, Ohio, Room 607, 138 East Court Street, Cincinnati, OH 45202.
7. Vendor shall furnish Risk Manager, Hamilton County, Ohio, with original certificates and amendatory endorsements effecting coverage required by this clause. All certificates and endorsements are to be received by County before Contract commences. County reserves the right at any time to require complete, certified copies of all required insurance policies, including endorsements effecting affecting the coverage required by these specifications.
8. Vendor, at its expense, shall replenish all coverage limits immediately upon its insurer's reductions in limits due to claims on this Contract or any other agreement. Failure to do so may result in cancellation of this agreement at HCJFS' sole discretion. If the Vendor fails to renew, replace or replenish the coverages required, the HCJFS may do so on the Vendor's behalf and deduct the cost from any amount due to Vendor from HCJFS.
9. Vendor will require all insurance policies in any way related to the services and secured and maintained by the Vendor to include clauses stating each underwriter will waive all rights of recovery, under subrogation or otherwise, against Hamilton County or HCJFS. The Vendor will require of subcontractors, by appropriate written agreements, similar waivers each in favor of all parties enumerated in this section.
10. Vendor, County, and HCJFS agree to fully cooperate, participate, and comply with all reasonable requirements and recommendations of the insurers and insurance brokers issuing or arranging for issuance of the policies required here, in all areas of safety, insurance program administration, claim reporting and investigating, and audit procedures.
11. Any loss insured under the policies required here will be adjusted by the Vendor, County, and HCJFS, as their interest may appear, and made payable to the Vendor as trustee for the insureds as their interest may appear, subject to the requirements of any applicable mortgagee clause.

The Vendor, as trustee, will have the power to adjust and settle any loss with the insurers unless one of the parties in interest objects in writing within five (5) days after written notice of the loss to the Vendor's exercise of this power.

If such objection is made, an arbitrator mutually acceptable to the parties in interest and the Vendor will be chosen promptly.

12. The Vendor, as trustee, will in such case make settlement with the insurers in accordance with the directions of such arbitrator. If distribution of the insurance proceeds by arbitration is required, the arbitrators will direct such distribution.
13. Maintenance of the proper insurance for the duration of the Contract is a material element of the Contract. Material changes in the required coverage or cancellation of the coverage shall constitute a material breach of the Contract.



5.7 Declaration of Property Tax Delinquency

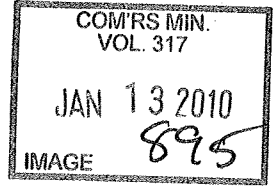
As part of the submitted proposal, Vendor will include a notarized Declaration of Property Tax Delinquency form, **Attachment E**, which states the Vendor was not charged with any delinquent personal property taxes on the general tax list of personal property for Hamilton County, Ohio or that the Vendor was charged with delinquent personal property taxes on said list, in which case the statement shall set forth the amount of such due and unpaid delinquent taxes as well as any due and unpaid penalties and interest thereon. If the form indicates any delinquent taxes, a copy of the notarized form will be transmitted to the county treasurer within thirty (30) days of the date it is submitted. A copy of the notarized form shall also be incorporated into the contract, and no payment shall be made with respect to the contract, unless the notarized form has been incorporated.

5.8 Campaign Contribution Declaration

As part of the submitted proposal, Vendor will include the applicable notarized Affidavit in Compliance with ORC 3517.13 (Campaign Contribution Declaration – Amended Substitute House Bill 694 ("HB 694")), **Attachment G**. HB694 limits solicitations of and political contributions by owners and certain family members of owners of businesses seeking or awarded public contracts. HB 694 and The Ohio Legislative Service Commission's Final Analysis of the Bill can be found on the HCJFS public website located at <http://www.hcjfs.hamilton-co.org/>, under the Community Vendors information tab.

All individuals or entities interested in contracting with Hamilton County, Ohio are required by HB 694 to complete the applicable affidavit certifying compliance with contribution limits set forth by the Bill. All current and potential Vendors should closely review HB 694 or risk

loss of their opportunity to obtain or retain Hamilton County contracts. Please seek guidance from your legal counsel if you have questions pertaining to HB 694 as we are unable to provide individual legal advice. A purchase order for services rendered will not be issued for payment if this form is not completed and returned with the submitted proposal.



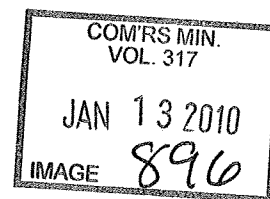
5.9 Terrorist Declaration

In accordance with ORC 2909.32(A) (2) (b), Vendor agrees to complete the Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization, **Attachment F**. Any material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List is a felony of the fifth degree. A purchase order for services rendered will not be issued for payment if this form is not completed and returned with the submitted proposal.

5.10 Other Program Requirements

Vendor agrees to comply with the provisions of the OAC 5101:2-9 et seq., that relate to the operation, safety and maintenance of facilities. In particular, Vendor agrees not to maintain nor permit any person to bear any explosives, pyrotechnics, firearms, chemical weapons, or other similar devices or substances anywhere in or on the grounds of the facility or transportation vehicles.

**ATTACHMENT A
PROPOSAL COVER SHEET FOR
Non-Emergency Transportation Services
Bid No: RFP MB1109R**



Name of Vendor : _____

Provider Address: _____
Include city, state and zip code

Contact Person : _____
(Please Print or type name) *Title*

Phone Number: _____ Fax Number: _____ E-Mail: _____

Additional Names: Vendor must include the names of individuals authorized to negotiate with HCJFS

Person(s) authorized to negotiate with HCJFS:

(1) Name: _____ Title: _____
(Please Print) *(Please Print)*

Phone Number: _____ Fax Number: _____ E-Mail: _____

(2) Name: _____ Title: _____
(Please Print) *(Please Print)*

Phone Number: _____ Fax Number: _____ E-Mail: _____

This Proposal is for (check one): Children's Services ☐ NET ☐ PRS/Healthchek ☐

Initial Term for Twenty-four (24) Months 1/1/10 - 12/31/11	Renewal Years for Twenty-four (24) Months 1/1/12 - 12/31/13
Unit Rate: \$ _____	Unit Rate: \$ _____
Monitor Rate: \$ _____ (for Children's Services Only)	Monitor Rate: \$ _____ (for Children's Services Only)

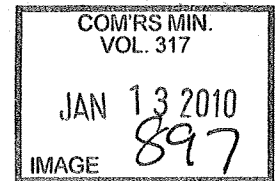
Certification: I hereby certify the information and data contained in this proposal are true and correct. The Provider's governing body has authorized this application and document.

Signature - Authorized Representative Title Date

Signature - Financial Officer Title Date

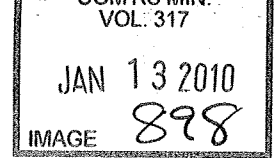
++Please see back of form for checklist to verify everything required to be submitted is included.
Proposal Submission Checklist

For
Non Emergency Transportation Services
Bid No: RFP MB1109R



Please use the checklist below to ensure all items and actions necessary to have your proposal accepted are completed.

- _____ A) Registered for RFP Process on or before July 29, 2009 by 3:00 p.m.
- _____ B) Proposal is to be submitted by 11:00 a.m. on August 12, 2009
- _____ C) Cover sheet is to be signed and all sections are to be completed in full, Section 2.1
- _____ D) Responses to Program Components, Section 2.2.1 are included
- _____ E) Responses to System and Fiscal Administration components, Section 2.2.2 are included
- _____ F) Budget completed correctly, Section 2.3
- _____ G) Budget Narrative explains the cost and their relationship to proposed services. It must justify cost and give the formula by which they were derived. All costs in the narrative should match the line items in the budget, Budget narrative must be completed for initial contract term and one for two year renewal option. (total of 2) Section 2.3
- _____ H) Customer Reference Letters are included, Section 2.4 (Do not include any HCJFS Personnel)
- _____ I) Personnel Qualifications – Personnel Resume, etc. are included, Section 2.5



ATTACHMENT B

Contract # _____

HAMILTON COUNTY DEPARTMENT OF JOB & FAMILY SERVICES

PURCHASE OF SERVICE CONTRACT

This Contract is entered into on _____ by and between the Board of County Commissioners, Hamilton County, Ohio (Hereinafter "County") on behalf of the Hamilton County Department of Job and Family Services (Hereinafter "HCJFS") and Name of Company or Agency, (Hereinafter "Vendor") doing business as enter only if different name, with an office at Name and Street address, Cincinnati, Ohio, 45202, whose telephone number is (513) xxx-xxxx, for the purchase of Non-Emergency Transportation Services.

1. TERM

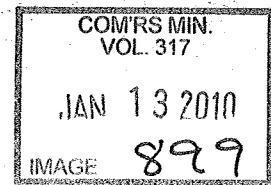
This Contract will be effective from January 1, 2010 through December 31, 2011 (the "Initial Term") inclusive, unless otherwise terminated or extended by formal amendment.

The total amount of this Contract can not exceed (\$000,000.00) over the Initial Term of this Contract.

This Contract may be renewed for one (1) additional two (2) year term (the "Renewal Period") at rates agreed upon by Vendor and HCJFS. HCJFS agrees to give Vendor written notice at least sixty (60) days prior to the expiration of the Initial Term, of its intention to renew.

2. SCOPE OF SERVICE

Subject to terms and conditions set forth in this Contract and the attached exhibits (such exhibits are deemed to be a part of this Contract as fully as if set forth herein), Vendor agrees to provide Non-Emergency Transportation, Children's Services and Pregnancy Related and Healthchek services (the "Services") to Customers as described in Exhibit I Request for Proposal for Transportation Services (RFP #MB1109R) and Exhibit II – Vendor's Proposal for Transportation Services dated ?????, 2009. For purposes of this Contract, a "Customer" shall mean a Medicaid eligible individual.



3. ORDER OF PRECEDENCE

This Contract is based on Exhibit I and Exhibit II. This Contract and all exhibits are intended to supplement and compliment each other and shall, where possible, be so interpreted. However, if any of the provisions of this Contract irreconcilably conflict with an exhibit, this Contract takes precedence over the exhibits. In the event there is inconsistency between the exhibits, the inconsistency will be resolved in the following order:

- A. Exhibit I - The Request for Proposal; then,
- B. Exhibit II - Vendor's Proposal.

4. CUSTOMER AUTHORIZATIONS

- A. Service For Which Prior Customer Authorization Is Required

Subject to paragraph B, Vendor agrees that it will only provide Services to Customer which have been previously authorized and approved, in writing by HCJFS (the "Customer Authorization").

HCJFS will not pay for any Service that: i) has not been authorized via a Customer Authorization, or ii) exceeds the approved number of trips on the Customer Authorization.

It is the responsibility of Vendor to monitor the number of trips set forth on each Customer Authorization. Vendor agrees that it will not receive payment for: i) any Service that exceeds the number set forth on the Customer Authorization or ii) for which no Customer Authorization has been issued. Vendor is responsible for requesting additional Customer Authorizations prior to the time such additional Services are rendered.

- B. Service For Which No Prior Customer Authorization Is Required

Notwithstanding anything to the contrary herein, Vendor may provide Services to Customers active within NET during the current month for which no prior Customer Authorization was issued, so long as the following apply:

- 1. The Customer has an unanticipated need for medical transportation services, which does not rise to the level to require transport by ambulance; and

2. To the extent HCJFS NET/PRS/Children's Services staff are not available, prior to the time Services are rendered, Vendor had left a voice message for such staff with the name of the Customer, Social Security number of the Customer, nature of emergency, addresses for pick up and drop off, and date and times of pick up and drop off. HCJFS' NET/PRS/Children's Services staff shall forward electronic encrypted authorization to the Vendor upon retrieval of the voice message.

To the extent additional, anticipated Services are required for any Customer for which the above paragraph B applies, Vendor will only be paid for any additional Services which have been previously authorized and approved pursuant to paragraph A.

5. REPORTS

A. Required Documentation and Reporting

Records of all Service provided to all Customers and all expenses incurred in relation to the provision of Services must be maintained.

B. Additional Reports

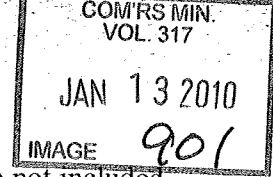
HCJFS reserves the right to request additional reasonable reports related to the provision of Service or as required by local, state or federal rule or law at any time during the Contract period. HCJFS reserves the right to withhold payment until such time as the requested and required reports are received.

6. COMPENSATION

A. Base Unit Rate and Monitor Rate Calculation

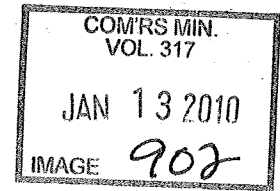
Vendor has prepared a budget for the time period beginning January 4, 2010 and ending December 31, 2011, attached hereto and incorporated herein by reference as Exhibit III (the "Budget"), which Vendor understands is a basis of calculation of the Base Unit Rate and Monitor Rate that will be used to compensate Vendor for Services it provides under this Contract. Vendor represents that such Budget is based upon current financial information and cost projections.

Vendor warrants and represents that such budget is based upon current financial information and projections. Vendor agrees that it will notify HCJFS, in writing, within thirty (30) calendar days when it knows that the information contained in the budget is materially inaccurate



Vendor warrants and represents that the following costs were not included in the Budget and that these costs will not be included in any invoice submitted for payment:

1. bad debt or losses arising from uncollectible accounts and other claims and related costs; bonding costs; contributions to a contingenc(ies)y reserve or any similar provision for unforeseen events;
2. contributions, donations or any outlay of cash with no prospective benefit to the facility or program;
3. entertainment costs for amusements, social activities and related costs for staff only;
4. costs of alcoholic beverages;
5. goods or services for personal use;
6. fines, penalties or mischarging costs resulting from violations of, or failure to comply with, laws and regulations;
7. gains and losses on disposition or impairment of depreciable or capital assets;
8. cost of depreciation on idle facilities, except when necessary to meet contract demands;
9. costs incurred for interest on borrowed capital or the use of a governmental unit's own funds, except as provided in paragraph (n) of rule 5101:2-47-25 of the Ohio Administrative Code;
10. losses on other contracts;
11. organizational costs such as incorporation, fees to attorneys, accountants and brokers in connection with establishment or reorganization;
12. costs related to legal and other proceedings;
13. goodwill;
14. asset valuations resulting from business combinations;
15. legislative lobbying costs;



16. cost of organized fund raising;
17. cost of investment counsel and staff and similar expenses incurred solely to enhance income from investments;
18. any costs specifically subsidized by federal monies with the exception of federal funds authorized by federal law to be used to match other federal funds;
19. advertising costs with the exception of service-related recruitment needs, procurement of scarce items and disposal of scrap and surplus;
20. cost of insurance on the life of any officer or employee for which the facility is beneficiary;
21. major losses incurred through the lack of available insurance coverage; or,
22. cost of prohibited activities from section 501(c)(3) of the Internal Revenue Code.

B. Base Unit Rate

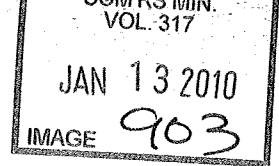
HCJFS agrees to compensate the Vendor Forty-Three Dollars and Sixty-Six Cents (\$0.00) (the "Base Unit Rate") per one-way vehicle trip per Customer (a "Trip").

C. Monitor Hourly Rate

Monitor's Rate shall be reimbursable at the current federal minimum wage rate up to eight (8) hours per day. Relatives of the consumer cannot receive an attendant's salary.

D. Profit Margin

Vendor and HCJFS agree that the profit margin for the initial 24 months of this Agreement will not exceed an average of %, inclusive of any increases to the Base Unit Rate on a monthly and quarterly basis. To the extent Vendor's profit margin exceeds twelve percent (%); the parties agree to negotiate any modification to the Budget in good faith. If a modified Budget cannot be agreed to by the parties after no less than a thirty (30) day period of good faith negotiations, either party may terminate this Contract with no less than sixty (60) days prior written notice. Although the parties recognize that the Services provided require a complex array of



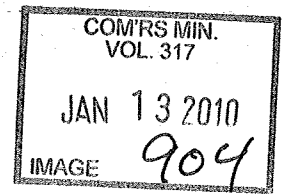
transportation services from non-emergency medical to regulated transportation operation twenty-four (24) hours per day, seven (7) days per week, and three hundred sixty-five (365) days per year, in no event, however, can Vendor's profit margin materially exceed industry standards for similar bus companies.

7. BILLING AND PAYMENT

- A. Original invoices, sent via encrypted email, will be sent each month to HCJFS within thirty (30) days of the end of the service month. Vendor shall make all reasonable efforts to include all Service provided during the service month on such invoice.
- B. Vendor shall submit a separate invoice for each service month.
- C. Vendor will indicate the purchase order, authorization number and Federal Taxpayer ID on all invoices submitted for payment.
- D. HCJFS will not make payment for any Service, either an initial invoice or a supplemental invoice, which is submitted to HCJFS more than ninety (90) calendar days from the end of the service month. The HCJFS Fiscal Department has the final authority in determining if an invoice is either received timely or is accurate. HCJFS will implement partial invoice payment as permitted by County Auditor procedures.
- E. For invoices which are received timely but are not accurate, there will be no extension of the time limitation set forth in paragraph C for re-submission of an invoice unless such delay is caused by HCJFS.
- F. For accurate invoices that are received timely, HCJFS will make payment within thirty (30) calendar days after receipt of the invoice for all invoices received in accordance with the terms of this Contract. HCJFS will only pay for those Services for which Vendor has complied with Section 4 – Customer Authorizations.

10. AVAILABILITY AND RETENTION OF RECORDS

Vendor agrees that all records, documents, writing or other information, including, but not limited to, financial records, census records, Customer records, and documentation are in compliance with the all federal, state, and local laws and regulations. All records, documents, writings or other information, including, but not limited to financial, census and Customer records used by



Vendor in the performance of this Contract are subject to the following.

- A. All records relating to costs, work performed and supporting documentation for invoices submitted to HCJFS by Vendor, along with copies of all deliverables submitted to HCJFS pursuant to this Contract, will be retained and made available by the Vendor for inspection and audit by HCJFS, or other appropriate governmental entities including, but not limited to the Hamilton County Prosecuting Attorney, Ohio Department of Job and Family Services (ODJFS), the Auditor of the State of Ohio, the Inspector General of Ohio, the United States Department of Health and Human Services, or any duly appointed law enforcement officials and for a minimum of six (6) years after reimbursement for Services rendered under this Contract.
- B. If an audit, litigation or other action is initiated during the time period of the Contract, the Vendor shall retain such records until the action is concluded and all issues are resolved or the six (6) years have expired, whichever is later.
- C. Vendor agrees that it will not use any information, systems or records made available to it for any purpose other than to fulfill the contractual duties specified herein, without the written permission of HCJFS. Vendor further agrees to maintain the confidentiality of Customers served. No information on Customers served will be released for research or other publication without the express written consent of the HCJFS Director.
- D. Vendor agrees to keep all financial records in a manner consistent with generally accepted accounting principles.
- E. Vendor agrees that each financial transaction shall be fully supported by appropriate documentation. Vendor further agrees that such documentation shall be available for examination by HCJFS or its designee.

11. NO ASSURANCES

Vendor acknowledges that, by entering into this Contract, HCJFS is not making any guarantees or other assurances as to the extent, if any, that HCJFS will utilize Vendor's services or purchase its goods.

Notwithstanding the above, HCJFS agrees that it will only utilize other vendors if there is a material and substantial change in the quantity, funding, or design of the NET program or in cases where federal, state, or local laws, regulations, or policies require or formally recommend in writing that HCJFS use other cost saving transportation methods.

In this same regard, this Contract in no way precludes, prevents, or restricts Vendor from obtaining and working under additional contractual arrangements

with other parties, assuming the contractual work in no way impedes Vendor's ability to perform the services required under this Contract. Vendor warrants that at the time of entering into this Contract, it has no interest in nor shall it acquire any interest, direct or indirect, in any contract that will impede its ability to provide the goods or perform the services under this Contract.

12. PROGRAM DESCRIPTION

Any program description intended for internal or external use shall state that referrals and funding are provided by HCJFS.

13. CONFLICT OF INTEREST

This Contract in no way precludes, prevents, or restricts the Vendor from obtaining and working under an additional contractual arrangement(s) with other parties aside from HCJFS, assuming that the contractual work in no way impedes the Vendor's ability to perform the Services required under this Contract.

The Vendor warrants that at the time of entering into this Contract, it has no interest in nor shall it acquire any interest, direct or indirect, in any contract, which will impede its ability to perform the Services under this Contract.

The Vendor further agrees that there is no financial interest involved on the part of any HCJFS or County officers or employees involved in the development of the specifications or the negotiation of this Contract. The Vendor has no knowledge of any situation, which would be a conflict of interest.

It is understood that a conflict of interest occur when a HCJFS or County officer or employee will gain financially or receive personal favors as a result of the signing or implementation of this Contract. The Vendor will report the discovery of any potential conflict of interest to HCJFS. If a conflict of interest is discovered during the term of this Contract, HCJFS may exercise any right under the Contract, including termination of the Contract.

Vendor further agrees to comply with state ethics laws as listed in the revised code chapters in ORC Sections 102, 2921 and the OAC Section 5101. By signing this Contract, Vendor certifies to be in compliance with these provisions and any other applicable state ethics laws.

14. ASSIGNMENT AND SUBCONTRACTING

The parties expressly agree that this Contract shall not be assigned by Vendor without the prior written approval of HCJFS. Vendor may not subcontract any of the services agreed to in this Contract without the express written consent of the HCJFS. All subcontracts are subject to the same terms, conditions, and covenants contained within this Contract. Vendor agrees it will remain primarily liable for the provision of all deliverables under this Contract and it will monitor any

approved subcontractors to assure all requirements under this Contract are being met. HCJFS acknowledges and agrees that the following subcontractor may perform services in relation to this Contract: ??????

Notwithstanding any other provisions of this Contract that would afford Vendor an opportunity to cure a breach, Vendor agrees the assignment of any portion of this Contract or use of any subcontractor, without HCJFS' prior written consent, is grounds for HCJFS to terminate this Contract with one (1) day prior written notice.

Without limiting HCJFS' right to terminate the Contract pursuant to this section, Vendor must notify HCJFS within one (1) business day when Vendor has knowledge that the subcontractor is out of compliance or unable to meet contract requirements. Should this occur, Vendor will immediately implement a process to bring subcontractor into compliance. Vendor shall provide HCJFS with written plan setting forth with specificity how compliance will be achieved.

If Vendor decides to terminate such subcontractor's contract, Vendor shall notify HCJFS of subcontractor's termination and make recommendations to HCJFS, for its written approval, of a replacement subcontractor. Vendor is responsible for making direct payment to all subcontractors for any and all services provided by such subcontractor.

15. GOVERNING LAW

This Contract and any modifications or amendments shall be governed, construed, and enforced under the laws of Ohio.

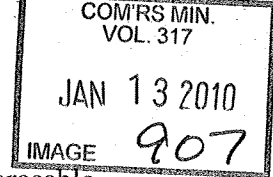
16. INTEGRATION AND MODIFICATION

This instrument embodies the entire contract of the parties. There are no promises, terms, conditions or obligations other than those contained herein; and this Contract shall supersede all previous communications, representations or contracts, either written or oral, between the parties to this Contract. This Contract shall not be modified in any manner except by an instrument, in writing, executed by the parties to this Contract.

Vendor acknowledges and agrees that only staff from the Contract Services Section of HCJFS may initiate contract changes. In no event will an oral agreement with HCJFS be recognized as a legal and binding change to this Contract.

17. SEVERABILITY

If any term or provision of this Contract or the application thereof to any person or circumstance shall, to any extent be held invalid or unenforceable, the remainder of this Contract or the application of such term or provision to persons



or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected thereby and each term and provision of this Contract shall be valid and enforced to the fullest extent permitted by law.

18. TERMINATION

A. For Convenience

This Contract may be terminated by either party upon notice, in writing, by delivering upon the other party a notice of termination not less than One Hundred Twenty (120) days prior to the effective date of termination.

B. For Cause

1. Material Breach

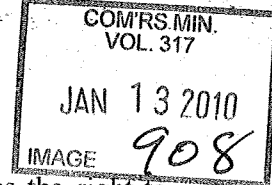
In the event of a Material Breach of this Contract by Vendor, HCJFS may terminate this Contract, upon thirty (30) days prior written notice to Vendor specifying the nature of the breach; provided that Vendor shall have the opportunity to cure such breach within such thirty (30) day notice period. Any extension of time to cure any breach given to Vendor by HCJFS shall be in writing and will not operate to preclude the future exercise of any rights or remedies HCJFS may have under this Contract.

If Vendor has received three (3) previous notices from HCJFS specifying either a breach or breaches of this Contract by the Vendor, a fourth notice by the HCJFS to the Vendor specifying additional breach(es) of this Contract may result in termination of this Contract, at the option of HCJFS, upon seven (7) days prior written notice without an opportunity for Vendor to cure such breach.

Material Breach shall mean an act or omission by Vendor which violates or contravenes an obligation required of the Vendor under this Contract and which, by itself or together with any other breach, has a substantial negative effect on, or thwarts, the purpose of this Contract. Material Breach shall not include an act or omission which is merely a technical or immaterial variation from the form of the Contract, or which has a trivial or negligible effect on quality, quantity, or delivery of the goods or services to be provided under this Contract, to the extent that in the opinion of HCJFS such technical or non-material variation does not rise to the level of a Material Breach when viewed in light of Vendor's overall conduct under this Contract.

2. Other Reasons

Notwithstanding the above, based on substantiated allegations of inappropriate activities, behaviors and/or actions including, but not limited to, loss of required license, abuse or neglect of a Customer,



unethical behavior, or business violations, HCJFS reserves the right to terminate the Contract immediately upon delivery of a written termination notice to Vendor.

C. Effect of Termination

Vendor, upon receipt of notice of termination, shall take all necessary or appropriate steps to limit disbursements and minimize costs, and furnish a report as of the date of receipt of the notice of termination describing the status of all work under this Contract, including without limitation, results accomplished and such other matters as HCJFS may require.

The parties further agree that should Vendor become unable to complete the work requested in this Contract for any reason, such work as Vendor has completed upon the date of its inability to continue the terms of this Contract shall become the property of HCJFS. HCJFS shall not be liable to pay Vendor any further compensation after the date of termination.

In no event will Vendor be liable for any damages due to HCJFS documented failure to perform or for any failure arising from causes beyond the control or without the fault or negligence of Vendor.

19. COMPLIANCE

Vendor certifies that Vendor and all subcontractors who provide Services under this Contract will comply with all requirements of federal, state, and local laws and regulations, applicable OMB circulars including, but not limited to, A-133, A-110, A-87, A-122 and A-21, in the conduct of work hereunder.

Vendor accepts full responsibility for payment of any and all unemployment compensation premiums, all income tax deductions, pension deductions, and any and all other taxes or payroll deductions required for the performance of the work by the Vendor's employees.

20. NON-DISCRIMINATION

Vendor certifies it is an equal opportunity employer and shall remain in compliance with state and federal civil rights and nondiscrimination laws and regulations including, but not limited to Title VI, and Title VII of the Civil Rights Act of 1964 as amended, the Rehabilitation Act of 1973, the Americans with Disabilities Act, the Age Discrimination Act of 1975, the Age Discrimination in Employment Act, as amended, and the Ohio Civil Rights Law.

During the performance of this Contract, the Vendor will not discriminate against any employee, contract worker, or applicant for employment because of race, color, religion, sex, national origin, ancestry, disability, Vietnam-era veteran status, age, political belief or place of birth. The Vendor will take affirmative

action to ensure that during employment, all employees are treated without regard to race, color, religion, sex, national origin, ancestry, disability, Vietnam-era veteran status, age, political belief or place of birth. These provisions apply also to contract workers. Such action shall include, but is not limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising, layoff, or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Vendor agrees to post in conspicuous places, available to employees and applicants for employment, notices stating the Vendor complies with all applicable federal and state non-discrimination laws.

Vendor, or any person claiming through the Vendor, agrees not to establish or knowingly permit any such practice or practices of discrimination or segregation in reference to anything relating to this Contract, or in reference to any contractors or subcontractors of said Vendor.

21. VENDOR SOLICITATION OF HCJFS EMPLOYEES

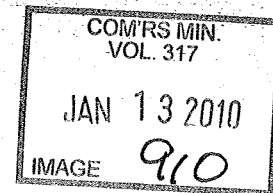
Vendor warrants that for one (1) calendar year from the effective date of this Contract with HCJFS, Vendor will not solicit HCJFS employees to work for Vendor.

22. RELATIONSHIP

Nothing in this Contract is intended to, or shall be deemed to constitute a partnership, association or joint venture with the Vendor in the conduct of the provisions of this Contract. Vendor shall at all times have the status of an independent contractor without the right or authority to impose tort, contractual or any other liability on HCJFS or the County.

23. DISCLOSURE

Vendor hereby covenants that it has disclosed any information that it possesses about any business relationship or financial interest that said Vendor has with a county employee, employee's business, or any business relationship or financial interest that a county employee has with the Vendor or in the Vendor's business.



24. WAIVER

Any waiver by either party of any provision or condition of this Contract shall not be construed or deemed to be a waiver of any other provision or condition of this Contract, nor a waiver of a subsequent breach of the same provision or condition.

25. NO ADDITIONAL WAIVER IMPLIED

If either party fails to perform any obligations under this Contract and thereafter such failure is waived by the other party, such waiver shall be limited to the particular matter waived and shall not be deemed to waive any other failure hereunder. Waivers shall not be effective unless in writing.

26. CONFIDENTIALITY

The Vendor agrees to comply with all federal, state and local laws applicable to HCJFS and/or Customers concerning the confidentiality of Customers. The Vendor understands that any access to the identities of any Customers shall only be as necessary for the purpose of performing its responsibilities under this Contract. The Vendor agrees that the use or disclosure of information concerning Customers for any purpose not directly related to the administration of this Contract is prohibited. Vendor will ensure that all Customer documentation is protected and maintained in a secure and safe manner.

27. AUDIT RESPONSIBILITY AND REVIEW OF PERFORMANCE

- A. Audits will be conducted using a "sampling" method. Depending on the type of audit conducted, the areas to be reviewed using the sampling method may include but are not limited to months, expenses, total units, and billable units. If errors are found, the error rate of the sample period will be applied to the entire audit period.
- B. Vendor agrees to accept responsibility for receiving, replying to and/or complying with any audit exception by appropriate federal, state or local audit directly related to the provision of Services under this Contract. HCJFS also reserves the right to not increase the rate(s) of payment or the overall Contract amount for Services purchased under this Contract if there is any outstanding or unresolved issue related to an audit finding.

Vendor agrees to repay HCJFS any amount it received for duplicate billings, erroneous billings, or false or deceptive claims. In addition, Vendor recognizes and agrees HCJFS may withhold any money due and recover through any appropriate method any money erroneously paid under this Contract if evidence exists of less than full compliance with this Contract.

In addition, when an overpayment is identified and the overpayment cannot be repaid in one payment, Vendor shall, upon request by HCJFS,

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enter into a Repayment of Funds Agreement (the "Repayment Agreement"), which shall detail at a minimum, payment amounts and due dates for payments. If payments are not made according to the Repayment Agreement future checks may be held until the repayment of funds is current. Checks held more than Sixty (60) days may be canceled and will not be re-issued.

- C. Vendor shall cause to be completed an annual independent audit for each year Services are being rendered pursuant to this Contract. Vendor agrees to permit HCJFS to review its annual audit at Vendor's offices within Fifteen (15) days of receipt of such request for review. Vendor agrees to comply or as required by local, state or federal rules or laws pertaining to but not limited to the Non Emergency Transportation, Ohio Department of Education's "Pupil Operation and Safety Rules",
- D. HCJFS reserves the right to evaluate the Services being provided by Vendor. Evaluation activities may include, but are not limited to reviewing records, observing programs, and interviewing program employees and Customers. Such evaluations will be conducted at Vendor's own time and expense.

28. WARRANTIES AND REPRESENTATIONS

- A. Vendor warrants and represents that it has the full and unrestricted right, power and authority to enter into this Contract and to perform Vendor's obligations in accordance with the terms of this Contract.
- B. Vendor warrants and represents that it will perform all Services in a professional and work like manner in accordance with applicable professional standards, using employees and subcontractors having the proper expertise, skills, training and professional education to render the Services.
- C. Vendor warrants and represents that it is qualified to do business in the State of Ohio and has all requisite legal power and authority to execute this Contract and to carry out its terms, conditions and provisions. All required action needed to authorize the execution, delivery and performance by Vendor of this Contract and the transactions contemplated hereby have been taken and are in full force and effect. This Contract has been duly executed and delivered and constitutes the valid, legal and binding obligation of Vendor, enforceable in accordance with the terms hereof except as the enforceability may be limited by applicable bankruptcy, insolvency, reorganization, moratorium or other similar laws affecting creditors' rights generally and other forms of equitable relief are subject to equitable defenses, the discretion of the court before which any proceedings therefore may be brought and the principles of equity in general. There are no suits, threatened or pending, nor claims against Vendor, that might materially adversely affect the ability of Vendor to

meet and carry out its obligations under this Contract. Execution of this Contract by Vendor will not contravene any provision of, or constitute a default under, any other agreement or instrument to which it is a party or by which it or its property may be bound.

- D. Vendor warrants and represents that any claims made for payment for Services provided shall be for actual services rendered to Customers and will not duplicate claims made by the Vendor to other sources of public funds for the same service.
- E. Vendor warrants and represents that it will maintain a separate General Ledger account to record all revenue and expenses in relation to this Contract.

29. AVAILABILITY OF FUNDS

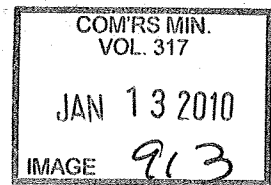
This Contract is conditioned upon the availability of federal, state, or local funds, which are appropriated or allocated for payment of this Contract. If funds are not allocated and available for the continuance of the function performed by the Vendor hereunder, the Services directly involved in the performance of that function may be terminated by HCJFS at the end of the period for which funds are available. HCJFS will notify the Vendor at the earliest possible time of any Services, which will or may be affected by a shortage of funds. No penalty shall accrue to HCJFS in the event this provision is exercised, and HCJFS shall not be obligated or liable for any future payments due or for any damages as a result of termination under this section.

30. FORCE MAJEURE

If by reason of force majeure, the parties are unable in whole or in part to act in accordance with this Contract, the parties shall not be deemed in default during the continuance of such inability provided, however, that Vendor shall only be entitled to the benefit of this paragraph for Fourteen (14) days if the event of force majeure does not affect HCJFS' property or employees which are necessary to Vendor's ability to perform.

The term "Force Majeure" as used herein shall mean without limitation: acts of God; strikes or lockout; acts of public enemies; insurrections; riots; epidemics; lightening; earthquakes; fire; storms; flood; washouts; droughts; arrests; restraint of government and people; civil disturbances; and explosions.

Vendor shall, however, remedy with all reasonable dispatch any such cause to the extent within its reasonable control, which prevents Vendor from carrying out its obligations contained herein.



31. LEGAL ACTION

Any legal action brought pursuant to the Contract will be filed in the courts located in Hamilton County, Ohio and Ohio law will apply.

32. PUBLIC RECORDS

This Contract is a matter of public record under the laws of the State of Ohio. Vendor agrees to make copies of this Contract promptly available to any requesting party. By entering into this Contract, Vendor acknowledges and agrees that records maintained by Vendor pursuant to this Contract may be deemed public records and subject to disclosure under Ohio law.

33. DRUG-FREE WORKPLACE

Vendor agrees that it will comply with all applicable state and federal laws regarding a drug-free workplace as outlined in 45 CFR Part 76, Subpart F. Vendor will make a good faith effort to ensure that all employees, while performing duties or responsibilities, under this Contract will not purchase, transfer, use or possess illegal drugs or alcohol, or abuse prescription drugs in any way.

34. PUBLIC ASSISTANCE WORK PROGRAM PARTICIPANTS

Pursuant to Chapter 5107 of the Ohio Revised Code and Prevention, Retention, and Contingency Program established under Chapter 5108 of the Revised Code, Vendor agrees to not discriminate in hiring and promoting against applicants for and participants for the Ohio Works Program. Vendor also agrees to include such provision in any such contract, subcontract, grant or procedure with any other party which will be providing Services to Customers.

35. MEDIA RELATIONS, PUBLIC INFORMATION, AND OUTREACH

Although information about and generated under this Contract may fall within the public domain, Vendor will not release information about or related to this Contract to the general public or media verbally, in writing, or by any electronic means without prior approval from the HCJFS Communications Director, unless Vendor is required to release requested information by law.

HCJFS reserves the right to announce to the general public and media: award of the Contract, Contract terms and conditions, scope of work under the Contract, deliverables and results obtained under the Contract, impact of Contract activities, and assessment of Vendor's performance under the Contract.

Except where HCJFS approval has been granted in advance, the Vendor will not seek to publicize and will not respond to unsolicited media queries requesting: announcement of Contract award, Contract terms and conditions, Contract scope of work, government-furnished documents HCJFS may provide to Vendor to fulfill the Contract scope of work, deliverables required under the Contract, results obtained under the Contract, and impact of Contract activities. If contacted by the media about this Contract, Vendor agrees to notify the HCJFS Communications Director in lieu of responding immediately to media queries. Nothing in this section is meant to restrict Vendor from using Contract information and results to market to specific Customers or prospects.

36. AMENDMENTS

This writing constitutes the entire agreement between Vendor and HCJFS with respect to all matters herein. This Contract may be amended only in writing and signed by Vendor and HCJFS.

It is further agreed that any amendments to laws or regulations cited herein will result in the related modification of this Contract, without the necessity for a written amendment.

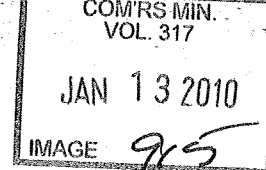
37. INSURANCE

A. General

The Vendor agrees to procure and maintain for the duration of this Contract the following insurance: insurance against claims for injuries to persons or damages to property which may arise from or in connection with the Vendor's operations as described in this Contract (commercial general liability); auto liability insurance; umbrella/excess liability; and workers' compensation insurance. The cost of such insurance shall be borne by the Vendor. Coverage shall be purchased from a company licensed to provide insurance in Ohio. Insurance is to be placed with an insurer with an A. M. Best rating of no less than A:VII.

B. Coverages and Minimum Limits:

1. Commercial General Liability insurance with limits no less than \$1,000,000 per occurrence and \$2,000,000 in the annual aggregate. Such policy will provide coverage contained in Insurance Services Office Occurrence Form CG 00 01 or equivalent including: products liability/completed operations, blanket contractual liability, broad form property damage, severability of interests, personal injury and be endorsed for sexual molestation and physical abuse.
2. Comprehensive Business Automobile liability insurance with combined single loss limits based on the following:



Motor vehicle with capacity of six (6) or less occupants, including operator, including taxis and handicapped livery vehicles, as defined in City of Cincinnati Ordinance 407-29. Such motor vehicle shall have at least \$1,000,000 limit per accident.

Motor vehicle with capacity of greater than 6 occupants, including operator, but less than 15 occupants including operator, including Class A Limousine and Class B Limousine, as defined in City of Cincinnati Ordinance 407-1-L1. Such motor vehicle shall have at least \$5,000,000 limit per accident.

Motor vehicle with capacity of 15 occupants or greater, including operator. Such motor vehicle shall have at least \$5,000,000 limit per accident.

Coverage shall include all owned, hired and non-owned autos, vans and buses and provide coverage for Vendor's liability to occupants and claimants.

3. Umbrella/Excess Liability insurance in excess of the underlying commercial general liability and business auto liability insurance with limits no less than \$2,000,000 combined single limit and aggregate limit. Such policy will include: pay on behalf of wording; concurrency of effective dates with primary; blanket contractual liability; punitive damages coverage (where not prohibited by law); aggregates: apply where applicable in primary; care, custody and control – follow form primary; and, drop down feature.
4. Workers' Compensation insurance at the statutory limits required by Ohio Revised Code.

C. Miscellaneous Provisions

1. The Board of County Commissioners, Hamilton County, Ohio and the Hamilton County Department of Job & Family Services, and their respective employees, officials, agents and volunteers will be endorsed as additional insurers on the commercial general liability and the business automobile liability policies.
2. Vendor shall provide occurrence based policies for general commercial liability and umbrella/excess liability insurance.

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3. Vendor shall declare any self – insured retention to the HCJFS pertaining to liability insurance. In no case shall the Vendor's self – insured retention be greater than ten thousand dollars (\$10,000.00). Further, such Vendor shall provide a financial guarantee satisfactory to the HCJFS guaranteeing payment of losses and related investigations, claims administration and defense expenses under the Vendor's self – insured retention.
4. The Vendor's insurance coverage shall be primary insurance with respect to the County and HCJFS, and its employees, officials, agents and volunteers.
5. Any insurance maintained by the County and HCJFS shall be excess of the Vendor's insurance and shall not contribute to it.
6. Each insurance policy required by this clause shall be endorsed to state that coverage shall not be cancelled or materially changed except after thirty (30) days' prior written notice given to: Risk Manager, Hamilton County, Ohio, Room 607, 138 East Court Street., Cincinnati, OH 45202.
7. Vendor shall furnish Risk Manager, Hamilton County, Ohio, with original certificates and amendatory endorsements effecting coverage required by this clause. All certificates and endorsements are to be received by County before Contract commences. County reserves the right at any time to require complete, certified copies of all required insurance policies, including endorsements affecting the coverage required by these specifications.
8. Vendor, at its expense, shall replenish all coverage limits immediately upon its insurer's reductions in limits due to claims on this Contract or any other agreement. Failure to do so may result in cancellation of this agreement at HCJFS' sole discretion. If the Vendor fails to renew, replace or replenish the coverages required, the HCJFS may do so on the Vendor's behalf and deduct the cost from any amount due to Vendor from HCJFS.
9. Vendor will require all insurance policies in any way related to the services and secured and maintained by the Vendor to include clauses stating each underwriter will waive all rights of recovery, under subrogation or otherwise, against Hamilton County or HCJFS. The Vendor will require of subcontractors, by appropriate written agreements, similar waivers each in favor of all parties enumerated in this section.
10. Vendor, County, and HCJFS agree to fully cooperate, participate, and comply with all reasonable requirements and recommendations of the insurers and insurance brokers issuing or arranging for issuance of the policies required here, in all areas of safety, insurance program administration, claim reporting and investigating, and audit procedures.

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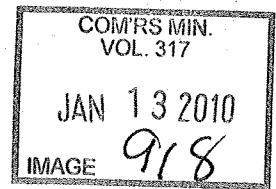
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11. Any loss insured under the policies required here will be adjusted by the Vendor, County, and HCJFS, as their interest may appear, and made payable to the Vendor as trustee for the insureds as their interest may appear, subject to the requirements of any applicable mortgagee clause. The Vendor, as trustee, will have the power to adjust and settle any loss with the insurers unless one of the parties in interest objects in writing within five (5) days after written notice of the loss to the Vendor's exercise of this power. If such objection is made, an arbitrator mutually acceptable to the parties in interest and the Vendor will be chosen promptly.
12. The Vendor, as trustee, will in such case make settlement with the insurers in accordance with the directions of such arbitrator. If distribution of the insurance proceeds by arbitration is required, the arbitrators will direct such distribution.
13. Maintenance of the proper insurance for the duration of the Contract is a material element of the Contract. Material changes in the required coverage or cancellation of the coverage shall constitute a material breach of the Contract.

If any or all of the work or services contemplated by this Contract is sublet, the Vendor will ensure the subcontractor(s) comply with all insurance requirements contained therein.

38. INDEMNIFICATION

To the fullest extent permitted by and in compliance with applicable law, Vendor agrees to protect, defend, indemnify and hold harmless the Board of County Commissioners, Hamilton County, Ohio and HCJFS and their respective members, officials, employees, agents, and volunteers (the "Indemnified Parties") from and against all damages, liability, losses, claims, suits, actions, administrative proceedings, regulatory proceedings/hearings, judgments and expenses, subrogation's (of any party involved in the subject of this Contract), attorneys' fees, court costs, defense costs or other injury or damage (collectively "Damages"), whether actual, alleged or threatened, resulting from injury or damages of any kind whatsoever to any business, entity or person (including death), or damage to property (including destruction, loss of, loss of use of resulting without injury damage or destruction) of whatsoever nature, arising out of or incident to in any way, performance of the terms of this Contract including, without limitation, by Vendor, its subcontractor(s), Vendor's or its subcontractor's (s') employees and agents, assigns, and those designated by Vendor to perform the work or services encompassed by the Contract. Vendor agrees to pay all Damages, costs and expenses of the Indemnified Parties in defending any action arising out of the aforementioned acts or omissions.



39. QUALITY ASSURANCE

A. Drivers/Employees

1. Criminal Record Check:

Vendor will complete criminal record checks on all individuals assigned to work with or transport Customers. Vendor will obtain a nationwide conviction record check through the Bureau of Criminal Identification and Investigation (the "BCII") and obtain a criminal record transcript from the Cincinnati Police Department, the Hamilton County Sheriff's Office, and any law enforcement or police department necessary to conduct a complete criminal record check of each individual providing Services.

Vendor shall not assign any individual to work with or transport Customers until a BCII report and a criminal record transcript has been obtained. A BCII report must be dated within six (6) months of the date an employee or volunteer is hired.

Vendor shall not utilize any individual who has been convicted or plead guilty to any violations contained in ORC 5153.111(B)(1) or ORC 2919.24.

Vendor warrants and represents that it will comply with Ohio Revised Code, Section 2151.86.

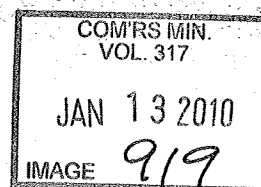
2. Bureau of Motor Vehicle Transcript:

Any individual transporting Customers shall possess a satisfactory Bureau of Motor Vehicle ("BMV") transcript from the State of Ohio and the individual's state of residence and must comply with all Ohio laws and regulations..

Vendor will not permit any individual to transport a Customer if:

- a. the individual who has a condition which would affect safe operation of a motor vehicle;
- b. the individual has five (5) or more points on his driver's license; or,
- c. the individual has been convicted of driving while under the influence of alcohol or drugs.

Any driver or monitor transporting school age children shall comply with the all Ohio laws and regulations including Ohio Administrative Code, Section 3319-83 - Ohio Pupil Transportation Operation and Safety Rules.



3. Verification of Job or Volunteer Application:

Vendor will check and document each applicant's personal and employment references, general work history, relevant experience, and training information. Vendor further agrees it will not employ an individual to provide Services in relation to this Contract unless it has received satisfactory employment references, work history, relevant experience, and training information.

B. Vehicles

Vendor will transport school age HCJFS Customers using vehicles that comply with the all Ohio laws and regulations including Ohio Administrative Code, Section 3319-83 - Ohio Pupil Transportation Operation and Safety Rules.

40. LOBBYING

Vendor warrants and represents that during the life of the Contract, it has not and will not use Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any Federal agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Vendor further warrants that it shall disclose any lobbying with any non-Federal funds that takes place in connection with obtaining any Federal award. Upon receipt of notice, HCJFS will issue a termination notice in accordance with the terms of this Contract. If Vendor fails to notify HCJFS, HCJFS reserves the right to immediately suspend payment and terminate the Contract.

41. GRIEVANCE PROCESS

Vendor will notify HCJFS and HCJFS shall notify Vendor (to the extent permitted by rule or law) in writing on a monthly basis of all grievances initiated by Customers or their parents or guardians that involve the Services provided through this Contract. Vendor shall submit all facts pertaining to the grievance and the resolution of the grievance.

Vendor will use its best efforts to post and distribute the grievance policy and procedure in a manner so that all Customers and their parents or guardians are aware of this process.

42. PROPERTY OF HAMILTON COUNTY

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To the extent any item is produced under this Contract or with funds provided under this Contract, including any documents, data, photographs and negatives, electronic reports/records, or other media, are the property of County, which has an unrestricted right to reproduce, distribute, modify, maintain, and use the deliverables. Vendor will not obtain copyright, patent, or other proprietary protection for the deliverables. Vendor agrees the deliverables will be made freely available to the general public unless HCJFS determines, pursuant to federal and state law, that such materials are confidential.

43. DEBARMENT AND SUSPENSION

Vendor warrants and represents that it is not included on the non-procurement portion of the General Services Administration's "List of Parties Excluded from Federal Procurement or Non-procurement Programs: (the "List") in accordance with Executive Order 12549 and 12689. Vendor must immediately notify HCJFS if Vendor is added to the List at any time during the life of this Contract. Upon receipt of notice, HCJFS will issue a termination notice in accordance with the terms of the Contract. If Vendor fails to notify HCJFS, HCJFS reserves the right to immediately suspend payment and terminate the Contract.

44. CHILD SUPPORT

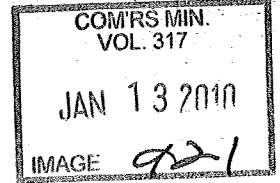
Vendor agrees to cooperate with ODJFS and any Ohio Child Support Enforcement Agency ("CSEA") in ensuring Vendor or the employees of Vendor meet child support obligations established under state or federal law. Further, by executing this Contract, Vendor certifies present and future compliance with any court or valid administrative order for the withholding of support which is issued pursuant to the applicable Ohio law.

45. DEBT CHECK PROVISION

Ohio Revised Code Section 9.24 prohibits public agencies from awarding a contract for goods, services, or construction, paid for in whole or in part from state funds, to a person or entity against who a finding for recovery has been issued by the Auditor of State, if the finding for recovery is unresolved. By entering into this Contract, Vendor warrants that a finding for recovery has not been issued to Vendor by the Auditor of State. Vendor further warrants that Vendor shall notify HCJFS within one (1) business day should a finding for recovery occur during the Contract term.

46. CONTRACT CLOSEOUT

At the initiation of HCJFS and to ensure at a minimum that all required forms, reports and deliverables were submitted to and accepted by HCJFS in accordance with this Contract, a contract closeout procedure may commence within ninety (90) days after the termination or expiration of this Contract.



47. NOTICES

Any information or notice required to be given in writing under this Contract shall be effective upon receipt at the address of the addressee. For purposes of notice, the addresses of the parties shall be as follows:

If to Board:

Patrick Thompson
County Administrator
Room 603
138 East Court Street
Cincinnati, OH 45202

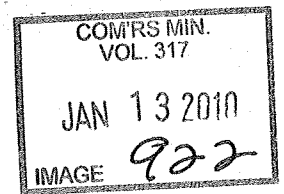
If to HCJFS:

Director
222 Central Parkway
Cincinnati, Ohio, 45202

If to ??????????:

48. HCJFS CONTACT INFORMATION

NAME	PHONE #	DEPARTMENT	RESPONSIBILITY
Sheila Bass	513-946-2236	Contract Services	Contract changes, Contract language, Budget, audits
?????????	???????????	Fiscal/Program Services	Billing and payment
?????????	???????????	Program Services	Scope of service, Customer Authorization,Service eligibility



SIGNATURES

The terms of this Contract are hereby agreed to by both parties, as shown by the signatures of representatives of each.

SIGNATURES

Board of County Commissioners,
Hamilton County, Ohio

??????????,

By: _____

By: _____

Name: _____

Printed
Name: _____

Title: _____

Title _____

Date: _____

Date: _____

Recommended By:

Moira Weir, Director
Hamilton County Department of Job & Family Service
Hamilton County, Ohio

Date: _____

Approved as to form:

By: _____
Assistant Prosecuting Attorney
Hamilton County, Ohio

ATTACHMENT C **HCJFS CONTRACT BUDGET**

AGENCY _____ BUDGET PREPARED FOR PERIOD _____

NAME OF CONTRACT PROGRAM _____ TO _____

INDICATE NAME OF SERVICE IN APPROPRIATE COLUMN BELOW

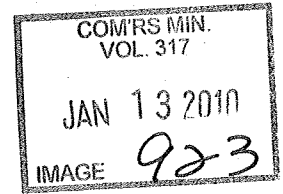
EXPENSES BY PROGRAM SERVICES					MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
A. STAFF SALARIES							
B. EMPLOYEE PAYROLL TAXES & BENEFITS							
C. PROFESSIONAL & CONTRACTED SERVICES							
D. CONSUMABLE SUPPLIES							
E. OCCUPANCY							
F. TRAVEL							
G. INSURANCE							
H. EQUIPMENT							
I. MISCELLANEOUS							
J. PROFIT MARGIN							
SUB-TOTAL OF EACH COLUMN							
ALLOCATION OF MGT/INDIRECT COSTS							
TOTAL PROGRAM EXPENSES							

ESTIMATED TOTAL UNITS OF SERVICE
TO BE PROVIDED:

UNIT= _____

TOTAL PROGRAM COST/TOTAL UNITS
OF SERVICE = UNIT COST:

\$ _____ \$ _____ \$ _____



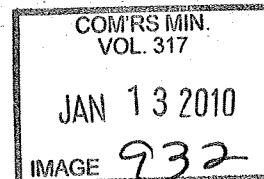
[illegible]

EXPENSES BY PROGRAM SERVICES					MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
F. TRAVEL COSTS							
GASOLINE & OIL							
VEHICLE REPAIR							
VEHICLE LICENSE							
VEHICLE INSURANCE							
OTHER							
MILEAGE REIMBURSE.@ PER MILE							
CONFERENCES & MEETINGS, ETC.							
PURCHASED TRANSPORTATION							
TOTAL TRAVEL COSTS							
G. INSURANCE COSTS							
LIABILITY							
PROPERTY							
ACCIDENT							
OTHER							
TOTAL INSURANCE COSTS							

9.

ATTACHMENT C

HCJFS CONTRACT BUDGET USER GUIDE



When contracting with the Hamilton County Department of Job & Family Services (HCJFS), it is required that a budget be completed for each program being proposed. In order to facilitate the process, we request that the attached budget be used. This budget consists of two parts: the User Guide to assist in the completion of the budget, and the budget itself.

This guide is designed to assist the user in completing the budget. In some instances field definitions and other information will be given. If possible, examples will be provided. Definitions and examples will occasionally not be provided. Should you have a question regarding that particular area, contact the HCJFS Contract Services Section.

Page 1 is a summary of expenses. It should be completed after all other budget pages are finalized. The totals from the information supplied on pages 2 through 9 are used to complete this page. Information at the bottom of the page should be completed regarding the total units and the cost of the service. Pages 2 through 9 should be prepared itemizing each line item.

There are three columns without a column header or title. These columns have been purposely left blank in order for each Provider to enter the type of service being proposed. When completing the budget, it will be important to provide a header for each column being used. These columns are to be used to record the direct costs for the contracted program(s). If the program offers supportive services such as transportation, those costs should be broken out and entered in one of the other Contract Program columns. Costs for all other direct services of the agency should be combined and entered in the column titled "Other Direct Services".

Management, administrative, and indirect costs should be entered in the column entitled "MGMT/Indirect". Indirect costs are those costs incurred for a common or joint purpose benefiting more than one service area or cost center. Allowable indirect costs for the indirect cost column include, but are not limited to, the accounting and budgeting functions, disbursing services, personnel & procurement functions, and other agency administration.

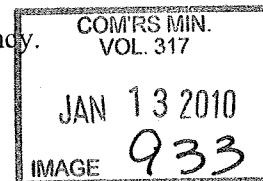
INSTRUCTIONS FOR SUMMARY PAGE – PAGE 1

Page 1 of the budget is a summary of expenses. It should be completed after all other budget pages are finalized. Information at the bottom of the page should be completed regarding the total units and the cost of the service.

AGENCY NAME: The legal, and if applicable, incorporated name of the Provider agency.

NAME OF CONTRACT PROGRAM: The name of the program being purchased.

BUDGET PERIOD: The specific time period for the budget completed.



ACTUAL BUDGET AREA: A total of all the figures carried over from the previous pages. This gives an overview of the budget for which the proposal is being submitted, as well as, an overall picture of the agency costs. The total figures given for each of these areas should match the same figures indicated in each of the appropriate sections.

For a more detailed explanation of each of the areas, use the instructions in each specific section. Once all totals have been carried to this section be sure to double check the figures to make sure all columns and rows balance.

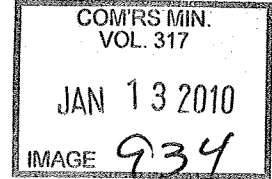
EXPENSES BY SERVICES COLUMN: Each column header from pages 2 through 9 are listed in this column so that the totals for each of these items can be listed in each of the specific columns.

EXPENSES BY PROGRAM SERVICES: The horizontal row is used to define the column header. "MGMT Indirect, Other Direct Ser and TOTAL Expense" fields are already defined. The first three column headers have been purposely left blank in order to indicate the name of the program being purchased.

If a proposal includes more than one service within the program, then an additional column would be completed for the additional service. For example, the proposal being submitted is for employment development. The services included in this proposal are skill training, and employment retention. In this instance, one column would be completed for skill training and the other for employment retention.

If for example, a proposal is being submitted for an offender program, the header for that column would be titled "Offender Program". In this instance, the other two column headers would be left blank.

If a proposal is being submitted is for workforce development and transportation and case management are two components of the program, then the first column header would indicate "Transportation" and the second column would indicate "Case Management". In this instance, the third column would be left blank.



MGMT INDIRECT: The totals entered per line item for each item on the other pages.

CONTRACT PROGRAM: The totals entered per line for each item on the other pages.

OTHER DIRECT SERVICES: The figures entered here should represent the total calculations based on the figures and percentages entered for each item on the other pages.

TOTAL EXPENSES: The totals for all figures entered on this page. They are also the totals of all of the three previous fields (MGMT Indirect, Contract Program and Other Direct Services) as well as the programs being purchased.

TOTAL UNITS: The number of units that the program being purchased is planning to provide. Depending on the contract, a unit could be considered an hour, a session, a trip, etc...

UNIT COST: The total expenses divided by the total units.

UNIT =: Indicate whether the unit is an hour, trip, session, etc.

INSTRUCTIONS FOR BUDGET SECTION A - PAGE 2; STAFF POSITIONS

This section is used to list all positions that are included in the contracted program. This page will also capture the financial information needed on the rest of the agency. If a proposal is being submitted for one service being offered within a program, one column would be completed for the contracted program, one for the management indirect services and one for other direct services. Should a proposal being submitted include more than one service within the program, an additional column would be completed for the additional service. For example, the proposal being submitted is for employment development. The services included in this proposal are skill training, and employment retention. In this instance one column would be completed for skill training and another for employment retention.

SALARIES: List all position titles of staff who work for the Agency. If Provider agency is extremely large, Provider may list salary amounts for staff in other direct service programs by program total or by one total for all other programs. However, in order to complete the budget in this manner, Provider must obtain permission from a Contract Services Supervisor or Section Chief.. All staff who work in any capacity in the program or programs to be contracted, plus all management and administrative staff, must be listed separately with the specific amounts paid to each. In the second column, indicate the number of staff who have the same job title, i.e. teachers, and who earn the same annual wage. Indicate the number of staff and the annual cost - this is the amount paid annually to each of the teachers. If some teachers work more or less hours, and/or earn more, then a second, separate listing should be made. If the program has quite a number of staff then Provider may want to copy the Salaries page, to be able to list all the variations. Total all Salaries at the bottom of each column. Make sure this page "balances" - each column adds across and down, to the sum listed in the total sections.

POSITION TITLE: Indicate the titles of the individuals **presently** working in the program being contracted. If the Provider has an individual that has a percentage of time dedicated to the contracted program & another percentage dedicated to other areas, list this individual separately as well.

For EXAMPLE: The agency has three social workers. In this instance, two of those employees are dedicated full time to the program being contracted however, the other only spends 60% of their time on this project and 40% of their time on another project. Given this example, then all three social workers would be listed and the actual weekly number of hours worked in the program area would be entered in the HRS Week field..

The “other” field represents all staff employed by the agency that **do not** work in the contracted program.

For EXAMPLE: There is the Director and three social workers for the contracted program, then another four social workers that report to the same director but work in another program area. In this instance, the Director and the three social workers are listed as program personnel and the four social workers are then listed as “Others” because they work for the same agency but do not have anything to do with the program being contracted.

STAFF: This field must indicate the number of staff that hold the title listed in the “Position Title” field. However, in the “other: field, this number will be the total number of individuals employed by Provider company that do not have anything to do with the contracted program. Remember, if an employee works in the contracted program for any percentage of time then that person would be counted separately.

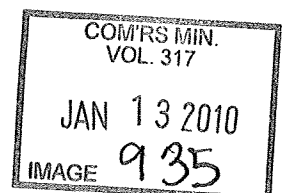
HRS WEEK: Indicate the number of hours worked each week in the contracted program area, for each employee.

ANNUAL COST: This is the annual salary for each individual listed in the contracted program area. The first block will contain the total of all the salaries for those individuals counted as “Others”.

For example: There is the Director and three social workers for the contracted program, then another four social workers that report to the same director but work in another program area. In this instance, the Director and the three social workers are listed as program personnel and the four social workers are then listed as “Others” because they work for the same agency but do not have anything to do with the program being contracted.

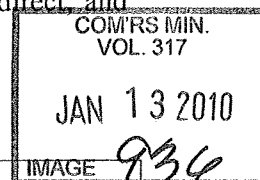
CONTRACT PROGRAM: Enter the salary for the amount of time spent in the contracted program. There are three columns to indicate amounts for each program in which a proposal is being written. For vacant positions that will be filled during the contract year, prorate the salary to reflect the anticipated start date.

MGT INDIRECT: This field should only be completed if the position title of an individual is in a management position. Duties performed that would be included in the “Percent to Mgt. Indirect” would include evaluations, writing checks, dealing with personnel issues, building management or other non-program issues.



OTHER DIRECT SERVICES: Enter the total salaries for each of the staff employed by the agency that is not related to the program being contracted.

TOTAL EXPENSES: This is the total of the Contracted Programs, Management Indirect, and any Other Direct Services.



**INSTRUCTIONS FOR BUDGET SECTION B - PAGE 3;
PAYROLL RELATED EXPENSES**

PAYROLL TAXES: Enter the percentage used in calculating the amount withheld in each of the categories listed. The amounts figured using this percentage should be listed on the appropriate line under the "Expenses by Program Services" column.

UNEMPLOYMENT %: When computing unemployment taxes, the percentage of time the staff devotes to the contracted program should be used to calculate the amount of unemployment taxes attributed to the contracted program for that staff person up to the first \$9,000.00 per employee wages, per year.

BENEFITS: The amounts charged to each column should be based on the staff and salaries shown in that column on page 2. Enter the totals in the spaces provided. The percentage used to calculate the retirement should be entered on the line indicated. The "OTHER" section should list all other deductions that are taken, listing each one separately.

TOTAL EMPLOYEE BENEFITS & PAYROLL TAXES: Indicate the total for the amounts indicated above.

**INSTRUCTIONS FOR BUDGET SECTION C - PAGE 3; PROFESSIONAL FEES &
CONTRACTED SERVICES**

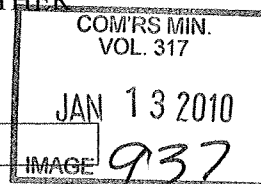
PROFESSIONAL FEES & CONTRACTED SERVICES: Contracted services are items such as janitorial, pest control, security, etc. Professional fees are when Provider pay for auditors, accountants, payroll processors, program consultants, etc. These costs are used to pay for services from a company or individual who is not an employee of the agency, but who performs a service for which he/she is paid. Show the amounts related to each column heading.

Each service that has been purchased (contract or professional) should be listed in this field, individually. For example, if the Provider has a contract with Terminix to provide bug control then that would be one item. The accountant would be another item.

TOTAL PROFESSIONAL FEES AND CONTRACTED SERVICES: Indicate the totals for the amounts entered above.

INSTRUCTIONS FOR SECTION D - PAGE 4; CONSUMABLE SUPPLIES

CONSUMABLE SUPPLIES: Enter amounts for items used or consumed by the respective programs per the column heading. Generally supplies are items such as stationary, paper, pens, file folders, and envelopes. Other types of supplies are items such as cleaning supplies, toilet paper, mops, brooms, paper towels and floor cleaner. Program and other supplies would also be included in this section such as printed pamphlets, text books and/or computer software. These items must be used or consumed within one year or less. List each item under "OTHER" separately and be specific.



INSTRUCTIONS FOR SECTION E - PAGE 4; OCCUPANCY COSTS

OCCUPANCY COSTS: Enter amounts in the proper column based on a proration of space used by the programs under the column headings. It may be necessary to actually measure the space used by the various programs to achieve a proper proration of these costs. Some Provider's choose to put building and other occupancy costs in their Management and Indirect Costs column, and allocate them along with other "shared" types of costs. Telephone costs should be allocated or prorated based on actual usage, that is the number of phones used by Contract Program, and amount of long distance calls, rather than combined with other occupancy costs.

The occupancy cost includes a usage allowance that is similar to depreciation when the building is owned. In order to calculate the cost, the historical cost of the building must be used. The Provider must calculate the percentage that is to be used by the contracted program. Once both figures are obtained, the cost of the building is multiplied by the percentage of space used to determine the dollar amount to be charged to the program. For example, the actual cost of the building was \$150,000.00. The building is 3 stories and each story is 1000 square feet. The third floor is the management, the second floor is another program and the first floor is the contracted program. In this case, the first floor or 1000 square feet would be charged to the program or 33%. Therefore, \$150,000.00 divided by the 37.5 year life (life span per the IRS) of the building times 33% (program utilization) = \$1,320.00 per year. This amount can be charged to the program.

RENTAL @ PER SQ. FT.: Indicate the unit amount per square foot. For example, the rent is \$1000.00 per month for 100 square feet, however the unit amount is \$10.00. Indicate the total dollar amount in the block for the budget period. For example, the rent is \$1000.00 per month. The contract is for 10 months. The total dollar amount entered should be \$10,000.00.

HEAT & ELECTRICITY: If taking a straight line percentage of the total electric for the agency, identify the percentage used on the line indicated. If this is included in the rent, write the word "included" on this line.

WATER: If taking a straight line percentage of the total water for the agency, identify the percentage used on the line indicated. If this is included in the rent, write the word "included" on this line.

TELEPHONE: If taking a straight line percentage of the total phone cost for the agency, identify the percentage used on the line indicated.

OTHER: List all other deductions for occupancy costs separately and be specific.

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INSTRUCTIONS FOR SECTION F - PAGE 5; TRAVEL COSTS

TRAVEL COSTS: The costs entered into each column should be based on a review of actual travel costs incurred by the respective programs. A study of past years records should be completed before this section of the budget is prepared. Enter the figure used to calculate the reimbursement rate on the line provided.

TOTAL TRAVEL COSTS: Enter the amount for each column on this line. Be sure the totals balance for all columns.

INSTRUCTIONS FOR SECTION G - PAGE 5; INSURANCE COSTS

INSURANCE: Some agencies allocate all insurance costs to the Management and Indirect column of their budgets, and then allocate them along with all the other shared type of costs. If one program operated by the agency has disproportionate insurance costs (either higher or lower) than the other agency programs, then a more appropriate method would be to show that program's insurance costs in the column for that program.

INSTRUCTIONS FOR SECTION H - PAGES 6 & 7; EQUIPMENT COSTS

EQUIPMENT COSTS: There are some directions listed on the budget pages for completing the four areas of this section. Any individual equipment item costing less than \$5,000 should be included as equipment cost. The exception to the "individual equipment cost" is for computer components which are purchased as a group, i.e. hard drive, monitor, keyboard, printer, etc. While these components may individually cost less than \$5,000, the entire group is to be depreciated if the purchase price is \$5,000 or greater. For equipment items used for more than one program,

show the percentage of time the contract program expects to use them and compute the amount based on that percentage. The large equipment items used by the Management and Indirect activities of the agency should also be listed, with the percentage used by both programs, i.e. the Contract Program and MGT/Indirect, computed.

INSTRUCTIONS FOR SECTION I - PAGE 8; MISCELLANEOUS COSTS

MISCELLANEOUS COSTS: Enter any expense items, and the amount which Provider expects to spend for them, that Provider has not entered elsewhere in this document. Examples of miscellaneous costs are printing, advertising, and postage.

TOTAL MISCELLANEOUS COSTS: Enter the total of all miscellaneous costs in this section in the appropriate columns.

PROFIT MARGIN: For profit entities only - Enter the amount of profit being charged to the contract program.

TOTAL OF ALL EXPENSES: The total of all expenses should be calculated from the sub-totals of sections D through I.

EXPLANATION: Be sure to pay special attention to this section. It is important to note the rationale or basis for the figures used in the proration of MGT/INDIRECT costs. Specific instructions have been included on the budget to be followed.

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VOL. 317

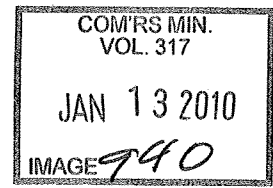
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**INSTRUCTIONS FOR SECTION G - PAGE 9; INSTRUCTIONS FOR REVENUES BY
PROGRAM SERVICES SECTION**

Revenues of the Agency should also be completed for the same time period for which the budget expenses are detailed. Please use the "Explanation" section and attach extra pages if needed. Be specific and list each funding separately. Government contracts, including the revenues expected to be received from the contract with HCJFS, should be listed separately (i.e., Hamilton County \$nnn,nnn.nn, Butler County \$nnn,nnn.nn). Donations from individual benefactors need not be listed separately unless they represent a significant proportion or amount of donated funds. Fees from clients do not mean fees paid by third parties (insurance, Medicaid, contracts), and should only represent monies gained directly from clients.

FINAL REVIEW

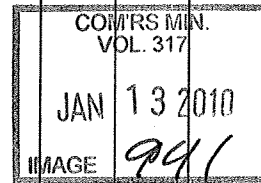


1. Before submitting the budget, make a final check that each column of each page is correctly added, and that all figures are legible.
2. Review the Revenue page and make sure all revenue sources are listed. The total revenues shown MUST equal or exceed the total expenses shown in pages 1-8.
3. Please review Equipment section to make sure that all equipment purchases have been listed in proper section.

Hamilton County Department of Job and Family Services
Provider Certification Document
ATTACHMENT D-1

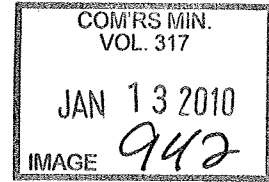
Section A. Program Identifying Information - This process is designed strictly for internal HCJFS decision making and should not be seen as an official accreditation, licensing or endorsement of a provider program or agency.

1. Reviewer's Name and Title	
2. Initiation of Certification Process (Date)	
3. Completion of Certification Process (Date)	
4. Certification Status	
5. Tax I.D. #	
6. Oracle Contract #	
7. Agency Name	
8. Agency Address	
9. Phone #	
10. Fax #	
11. Program Name	
12. Service Name	
13. Program Address, if different	
14. Program Phone #, if different	
15. Program Fax #, if different	



16. Agency's Hours/Days of Operation	
17. Program's Hours/Days of Operation	
18. Indicate seasonal hours/days of operation, if applicable	
19. Agency Director's Name	
20. Agency Director's E-Mail Address	
21. Program Director's Name, if different	
22. Program Director's Phone #, if different	
23. Program Director's E-Mail Address	
24. Program Contact Person, if different	
25. Program Contact Person's Phone #, if different	
26. Program Contact Person's E-Mail Address	

NOTES:



Section B. Administrative Capacity - This section must be completed prior to contract signing

Item	Comments	Date Rec'd.	Date Complete
1. Other Provider certifications, i.e., Medicaid, JACHO, COA, etc.			
2. Reviewed and accepted:			
a. most recent annual indep. audit or comparable financial documents;			
b. audit management letters, is applicable;			
c. SAS61 (auditor's communication to the board's audit committee), if applicable;			
d. most recent 990 and Schedule A;			
e. most recent federal income tax return;			
f. written internal financial controls. For assistance in developing internal financial controls, providers can consult the standards issued by the General Accounting Office (GAO) in the booklet titled <i>Government Auditing Standards</i> . The information is also available on the GAO website at http://www.gao.gov/policy/guidance.htm			
3. Indicate Provider's filing status with the IRS			
a. 501C3 (not-for-profit);			
b. sole proprietor;			
c. corporation (for profit);			
d. government agency;			
e. other (specify).			
4. Received current copies of:			
a. Articles of Incorporation, if applicable;			
b. job descriptions for all staff in program budget;			
c. insurance with the correct amount, type of coverage and add'l. insureds listed; Expiration Date:			

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IMAGE

d. Worker's Compensation insurance;			
e. table of organization including advisory boards & committees;			
f. service/attendance form, sign-in sheet, etc.			
g. copy of the contract service contingency plan, if applicable for this service.			
5. Reviewed 3 of the last 12 months board minutes			
6. Reviewed accounting/record keeping system:			
a. financial record keeping method			
1) is a separate account set up for our program?			
2) are invoices filed for easy reference?			
b. cash or accrual system;			
c. revenue source during start-up period;			
d. ability to issue accurate and timely reports			
e. maintenance of client service records .			
1) method for documenting client service;			
2) method for compiling data for reports;			
3) method for tracking performance indicators;			
f. how will provider manage cash flow during the first 3 months of the contract?			
7. When applicable, reviewed personnel files for proof of required documentation including, but not limited to:			
a. current professional license/certification;			
b. driver's license with < 5 points;			
c. proof of car insurance;			

JAN 13 2010

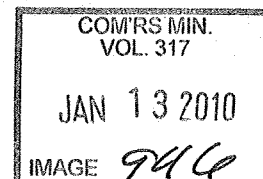
IMAGE

945

d. police/BCII check completed w/in last 12 mons.			
8. Transportation Issues (when applicable)			
a. is public transportation readily available?			
b. how far from the program site is the public transportation stop?			
c. indicate the type of available parking facilities:			
1) private lot;			
2) municipal/public lot;			
3) on-street parking;			
4) client/staff pay to park.			
9. Interior - Public Areas			
a. indicate general impression of appearance - cleanliness, neatness, safety, etc.			
b. is facility handicapped accessible?			
c. are bathrooms handicapped accessible?			
d. does facility design ensure client confidentiality?			
e. is the facility adequate for our program?			
f. ask Provider if a negative building safety report was issued by the fire department.			
10. Contract Management Plan - review provider's written plan for contract management.			
a. how will provider ensure integrity and accuracy of the financial system for reporting to HCJFS?			
b. how will provider ensure integrity of record keeping for documenting and reporting units of service and performance objectives to HCJFS?			
c. how will provider ensure administrative and program staff are fully aware of and comply with contract requirements?			

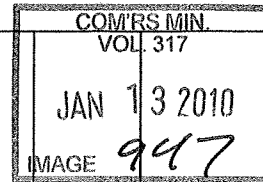
d. what is provider's plan for conducting self-reviews to ensure contract compliance?			
e. what is provider's plan for ensuring receipt of client authorization forms prior to invoicing?			
f. what is provider's plan to remain in compliance with contract requirements for timely invoicing to HCJFS?			
g. what is provider's plan for monitoring contract utilization?			

Additional comments/notes for Section B:



Section C. Quality Assurance - If unavailable prior to contract signing, items in this section must be obtained and/or reviewed within the first 6 months of the contract.

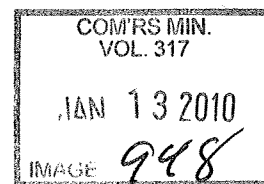
Item	Comment	Date Rec'd.	Date Complete
1. Training plan for program area staff. a. proof provider staff are aware of contract requirements.			
2. Written program policies			
3. Policy & procedure manual for staff a. provider's overall operation policy; b. personnel policies;			
c. policy for using volunteers;			
d. affirmative action;			
e. cultural diversity training;			
f. police check policy.			
4. Received copy of provider's brochures or literature regarding their programs. How are cultural sensitivity issues addressed in the literature? Does provider serve specific cultural and/or ethnic populations?			
5. Received copy of providers' QA/QI plan or activities. At a minimum, the following should be included: a. consumer program satisfaction results (define method(s) to be used); b. HCJFS & provider staff satisfaction feedback mechanisms (defined in plan);			
c. unduplicated monthly & YTD data on # of referrals from HCJFS, # of consumers engaged in services, outreach efforts for no-show consumers, and contact dates and units;			

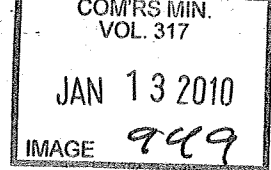


d. how goal/performance standard attainment will be documented and reported on an individual & aggregate basis;			
e. written information regarding service programs operated by provider & how the information is disseminated to consumers;			
f. provider's publicized complaint & grievance system to include written policies & procedures for handling consumer and family grievances and individual and program related grievance summaries;			
g. detailed safety plan;			
h. detailed written procedure for maintaining the security and confidentiality of client records.			

Additional comments/notes for Section C:

(G:\sharedsv\contract\manual\certific Rev. 10-02)





ATTACHMENT D-2

Hamilton County Department of Job and Family Services Provider Certification Process

(Revised 7/01)

I. Overview

The purpose of the **Hamilton County Department of Job and Family Services (HCJFS) Provider Certification Process** is to determine a service provider's apparent administrative capacity to effectively manage an HCJFS contract. The process is designed strictly for internal HCJFS decision making and should not be seen as an official accreditation, licensing or endorsement of a provider program or agency. The process is divided into three (3) sections - **A. Program Identifying Information**, **B. Administrative Capacity** and **C. Quality Assurance**. Sections A. and B. must be completed prior to contract signing. Section C. must be completed within six (6) months of contract signing. A six (6) month period is given for Section C. to allow time for smaller agencies who may not have all of the quality assurance components in place. As with any process, there are always exceptions so consult with management if certain portions of the document are not applicable to a specific provider.

A. **Program Identifying Information (Section A)** - identifies key information such as:

1. agency name and address;
2. director's name;
3. service being purchased;
4. hours/days of operation, etc.

B. **Administrative Capacity (Section B)** - identifies administrative areas which are key to an effective operation such as:

1. accounting and record keeping systems;
2. copies of important documents such as the table of organization, Articles of Incorporation, insurance, etc.;
3. review of provider personnel files for proof of drivers' licenses, insurance, professional credentials, etc.;
4. tour of the provider's facility.

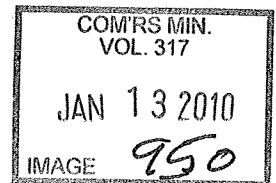
None of this information is to be released to anyone other than the provider without HCJFS management approval.

C. **Quality Assurance (Section C)** - identifies processes and procedures for ensuring quality service such as:

1. program staff training plan;
2. staff policy and procedure manual;

3. quality assurance plan/activities.

Refer to detailed instructions for completing the certification document.

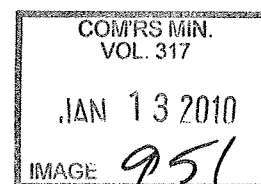


II. INSTRUCTIONS FOR THE PROVIDER CERTIFICATION PROCESS

Section A. Program Identifying Information

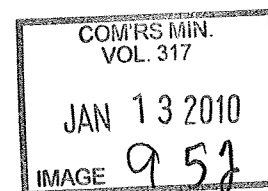
ITEM	EXPLANATION
1. Reviewer's Name and Title	Staff name(s)/title(s) who completed the certification review.
2. Initiation of Certification Process (Date)	Date the certification process began.
3. Completion of Certification Process (Date)	Date the certification process was completed - all 3 sections completed..
4. Certification Status	Select the applicable answer as the certification process is completed. Select: in process, approved, denied.
5. Tax I.D. # (aka Vendor #)	Tax I.D. (Vendor) number used in Performance.
6. Oracle Contract #	Contract number used in Oracle
7. Agency Name	Official name of the contract agency.
8. Agency Address	Address for the location of the agency's administrative office. Indicate if there is a separate mailing address.
9. Phone #	Phone number for the agency's administrative office.
10. Fax #	Fax number for the agency's administrative office.
11. Program Name	Program name for the purchased service, if applicable.
12. Service Name	Service name from the Contract Services database picklist.
13. Program Address, if different	Program address if different from the administrative office.
14. Program Phone #, if different	Program phone number if different from the administrative office.
15. Program Fax #	Program fax number if different from the administrative office.
16. Agency's Hours/Days of Operation	Agency's hours of operation (begin/end times) and days of the week the agency is open for service.
17. Program's Hours/Days of Operation	Contracted program's hours of operation (begin/end times) and the days of the week the program is open for service.
18. Seasonal Hours, if applicable	Indicate if the program has seasonal (summer, holiday, etc) days and hours of operation.
19. Agency Director's Name	Name of the Executive Director for the contracted agency.
20. Agency Director's E-Mail Address	E-mail address for the Agency Director.
21. Program Director's Name, if different	Name of the Program Director for the contracted program/service if different from the Executive Director.
22. Program Director's Phone #, if different	Phone number for the Program Director if different from the agency or program phone numbers listed above in #9 and #14.
23. Program Director's E-Mail Address	E-mail address for the Program Director if different from the Agency Director.

24. Program Contact Person, if different	Name of the program Contact Person if different from the Program Director listed above in #20.
25. Program Contact Person's Phone number, if different	Phone number for the program Contact Person if different from the phone number for the Program Director listed above in #21.
26. Program Contact Person's E-Mail Address	E-mail address for the program contact person if different from the Program Director.

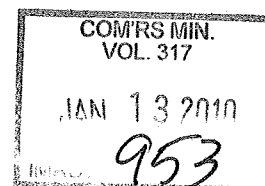


Section B. Administrative Capacity - This section must be completed prior to contract signing.

ITEM	EXPLANATION
1. Other Provider certifications	Ask Provider if the agency is currently certified by another entity. This could be Medicaid, JACHO, COA, etc. Obtain information regarding the type, time period and particular services covered by the certification and discuss findings with Section management.
2. Reviewed and accepted: <ul style="list-style-type: none"> a. Most recent annual indep. audit or comparable financial documents; b. audit management letter, if applicable; c. SAS61 (auditor's communication to the board's audit committee), if applicable; d. most recent 990 and Schedule A ; e. most recent federal income tax return; f. written internal financial controls. 	This information is used to determine the financial status of an agency. Things to look for are: <ul style="list-style-type: none"> 1. Did the audit firm issue an unqualified opinion on the report? If not, a further review of the agency's financial status should be conducted. If the audit report is not for the prior calendar year, ask when the report will be finished and follow-up with provider to obtain a copy. 2. Do the attachments/exhibits indicate problems, recommendations, etc.? 3. Does the audit management letter indicate a problem or areas that need improvement? 4. Does the SAS61 indicate problems, concerns, etc.? 5. The 990 repeats much of the information in the independent audit but also includes the salaries for the top 5 positions earning over \$50,000.00 per year. 6. Were taxes filed timely? If not, why? Were extensions requests done timely? 7. Do the controls indicate a separation of duties? Is there a clear understanding of duties and roles? For assistance in developing internal financial controls, providers can consult the standards issued by the GAO in the booklet titled <i>Government Auditing Standards</i>. The information is also available on the GAO website at: http://www/gao.gov/policy/guidance.htm
3. Indicate Provider's filing status with the IRS: <ul style="list-style-type: none"> a. 501C3 (not-for-profit); b. sole proprietor; c. corporation (for profit); d. government agency; e. other (specify). 	The filing status is important because of filing and tax conditions which are unique to each category.



<p>4. Received current copies of:</p> <ul style="list-style-type: none"> a. Articles of Incorporation, if applicable; b. job descriptions for all staff in program budget; c. insurance with the correct amount, type of coverage and add'l. insureds listed; d. Worker's Compensation insurance; e. table of organization including advisory boards & committees; f. service/attendance form, sign-in sheet, etc. g. contract service contingency plan, if applicable. 	<p>Copies of all the documents must be received prior to contract signing.</p> <ul style="list-style-type: none"> 1. Job description titles should match to the salaried positions in the budget and to the positions in the T.O. 2. Insurance amounts are the standard amounts listed in the boiler plate contract. Work with management for unusual coverage amounts for unusual services. Indicate the expiration date so HCJFS can do timely follow-up to ensure the insurance coverage remains current. 3. Table of organization should show the relationship of the contracted service to the entire organization. The T.O. may reference programs for positions. 4. The service/attendance form is the sheet used to document units of service. Determine if information maintained is adequate - client name, date, begin/end time, unit(s) of service, name of teacher/case worker, etc. 5. The contract service contingency plan is to detail how service will be provided to HCJFS clients should the provider be unable to comply with the contract terms. What is the provider's back-up plan?
<p>5. Reviewed 3 of the last 12 months board minutes</p>	<p>Review for problems which could reflect on the administrative capacity of the agency, i.e. issues with the contracted programs, staff issues, funding issues, etc.</p>

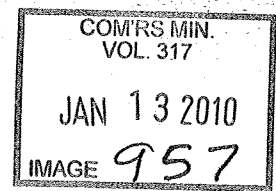


<p>6. Reviewed accounting/record keeping system:</p> <ul style="list-style-type: none"> a. financial record keeping method <ul style="list-style-type: none"> 1) is a separate account set up for our program? 2) are invoices filed for easy reference? b. cash or accrual system; c. revenue source during start-up period; d. ability to issue accurate and timely reports e. maintenance of client service records . <ul style="list-style-type: none"> 1) method for documenting client service; 2) method for compiling data for reports; 3) method for tracking performance indicators; f. how will the Provider manage cash flow during the first 3 months of the contract? 	<ul style="list-style-type: none"> 1. The agency must show how the expenses and revenue for each contracted program will be reported/tracked in a separate account. 2. Determine how financial invoices will be filed. Is this adequate for audit purposes? 3. Identify the accounting system used - cash vs accrual. This is important in an audit for determining how expenses and revenues are reported. 4. Determine how the agency will meet payroll and other contract related expenses during the start-up period, prior to receiving the first contract reimbursement. 5. Review the process for reporting expenses, service and performance goals. Does provider have the administrative capacity to manage the contract in an accurate and timely fashion? In the program area? In the financial area? 6. Review the process for documenting and maintaining client service records. Is it acceptable for audit purposes? Can invoiced services be easily tracked to a source document? Is the information in the source document legible, complete, etc? 7. Since the initial reimbursement will be approximately 2 months from the end of the first service month, discuss with provider how program expenses will be paid during that time.
<p>7. When applicable, review personnel files for proof of required documentation including, but not limited to:</p> <ul style="list-style-type: none"> a. current professional license/certification; b. driver's license with < 5 points; c. proof of car insurance; d. police/BCII check completed within the last 12 mons. 	<p>Based on the work performed by the contract agency's staff, conduct a sampled review of personnel files to ensure required documentation is current and on file. Indicate discrepancies and develop an action plan with the agency to ensure compliance prior to contract signing.</p>
<p>8. Transportation Issues (when applicable)</p> <ul style="list-style-type: none"> a. is public transportation readily available? b. how far from the program site is the public transportation stop? c. indicate the type of available parking facilities: <ul style="list-style-type: none"> 1) private lot; 2) municipal/public lot; 3) on-street parking; 4) client/staff pay to park. 	<p>This section is to identify potential problems for the program area in client access of service.</p> <div data-bbox="1187 1657 1452 1839" data-label="Image"> </div>

<p>9. Interior - Public Areas</p> <ul style="list-style-type: none"> a. indicate general impression of appearance- cleanliness, neatness, safety, etc. b. is facility handicapped accessible? c. are bathrooms handicapped accessible? d. does facility design ensure client confidentiality? e. is the facility adequate for our program? f. ask provider if a negative building safety report has been issued by the fire department. 	<p>Purchased services are to be provided in an appropriate setting and accessible to all referred clients. This area is subjective and open to interpretation. The question to ask yourself is if you'd feel comfortable referring a client to this location. The fire department only issues a report when there are building safety issues. Ask to see any negative safety report and, if any, ask for proof of compliance - repair invoices, etc. Calls can be made to the fire department if the status is in doubt.</p>
<p>10. Contract Management Plan - review provider's written plan for contract management.</p> <ul style="list-style-type: none"> a. how will provider ensure integrity and accuracy of the financial system for reporting to HCJFS? b. how will provider ensure integrity of record keeping for documenting and reporting units of service and performance objectives to HCJFS? c. how will provider ensure administrative and program staff are fully aware of and comply with contract requirements? d. what is provider's plan for conducting self-reviews to ensure contract compliance? e. what is provider's plan for ensuring receipt of client authorization forms prior to invoicing? f. what is provider's plan to remain in compliance with contract requirements for timely invoicing to HCJFS? g. what is provider's plan for monitoring contract utilization? 	<p>The purpose of the plan is to ensure the provider is fully aware of the contractual obligations and has a pro-active plan for managing the various contract components. At a minimum, the provider's written plan must address these seven (7) areas.</p> <div data-bbox="1181 756 1452 936" data-label="Image"> </div>

Section C. Quality Assurance - If unavailable prior to contract signing, items in this section must be obtained and/or reviewed within the first 6 months of the contract.

ITEM	EXPLANATION
1. Training plan for program area staff. Are provider staff aware of contract requirements?	Provider must have a written plan for ensuring provider's staff are aware of contract/amendment requirements and conditions. Staff must be aware of the target population, special need clients, reporting requirements, etc.
2. Written program policies	Review program policies to ensure contract conditions are maintained.
3. Policy & procedure manual for staff a. provider's overall operation policy; b. personnel policies; c. policy for using volunteers; d. affirmative action; e. cultural diversity training.	The manual is for the entire provider agency. Is cultural diversity part of agency wide training? <div style="border: 1px solid black; padding: 5px; width: fit-content; float: right;">COMPRS MIN. VOL. 317 JAN 13 2010 956</div>
4. Received copy of provider's brochures or literature regarding their programs.	How are cultural sensitivity issues addressed in the literature? Does provider serve specific cultural and/or ethnic populations?
5. Received copy of providers's QA/QI plan or activities. At a minimum, the following must be included: a. consumer program satisfaction results (define method(s) to be used); b. HCJFS & provider staff satisfaction feedback mechanism (defined in plan); c. unduplicated monthly & YTD data on # of referrals from HCJFS, # of consumers engaged in services, outreach efforts for no-show consumers, service contact dates and units; d. how goal/performance standard attainment will be documented and reported on an individual & aggregate basis; e. written information regarding service programs operated by provider & how the information is disseminated to consumers; f. provider's publicized complaint & grievance system to include written policies & procedures for handling consumer and family grievances, QI report to include individual and program related grievance summaries; g. detailed safety plan; h. detailed written procedure for maintaining the security and confidentiality of client records.	<p>1. Does the agency have a Quality Improvement program?</p> <p>2. Is there a <u>current</u> QI plan that incorporates involvement of all program areas, front line staff representation, fiscal, administration, clinical staff, families served?</p> <p>3. Is there a client satisfaction mechanism in place?</p> <p>4. How are client contacts, referrals, service delivery measured and tracked?</p> <p>5. Are service goals articulated clearly? Are there mechanisms in place to track and report individual and aggregate data on client activities/outcomes? Financial outcomes?</p> <p>6. Service brochures that describe program availability? Quality Improvement information that is distributed to stakeholders and utilized for program decision making?</p> <p>7. Grievance process available - easily accessible to clients. Process for tracking and reporting individual and aggregate data on grievances?</p> <p>8. Safety plan available and mechanisms in place to evaluate, monitor, and report safety issues?</p> <p>9. How are client records maintained for security and confidentiality in provider's office? Can records be taken off site? If yes, how is the security and confidentiality guaranteed?</p>



ATTACHMENT E
Declaration of Property Tax Delinquency
(ORC 5719.042)

I, _____, hereby affirm that the Proposing Organization
herein, _____, is ____ / is not ____ (**check**
one) charged at the time of submitting this proposal with any delinquent property taxes on
the general tax list of personal property of the County of Hamilton.

If the Proposing Organization is delinquent in the payment of property tax, the amount of
such due and unpaid delinquent tax and any due and unpaid interest is
\$ _____.

State of Ohio
County of Hamilton

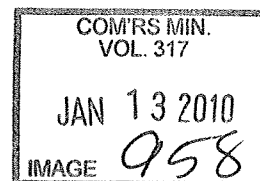
Before me, a notary public in and for said County, personally appeared
_____, authorized signatory for the Proposing Organization,
who acknowledges that he/she has read the foregoing and that the information provided
therein is true to the best of his/her knowledge and belief.

IN TESTIMONY WHEREOF, I have affixed my hand and seal of my office at
_____, Ohio this _____ day of _____ 20____.

Notary Public

ATTACHMENT F

Ohio Department of Public Safety
Division of Homeland Security
<http://www.homelandsecurity.ohio.gov>



GOVERNMENT BUSINESS AND FUNDING CONTRACTS

In accordance with section 2909.33 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

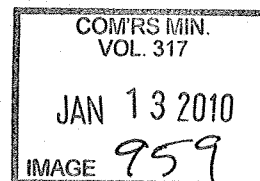
For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION

BUSINESS/ORGANIZATION NAME			
BUSINESS ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE NUMBER			

ATTACHMENT F



DECLARATION

In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code

For each question, indicate either "yes" or "no" in the space provided. Responses must be truthful to the best of your knowledge.

1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?
☐ YES ☐ NO
2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?
☐ YES ☐ NO
3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?
☐ YES ☐ NO
4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?
☐ YES ☐ NO
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?
☐ YES ☐ NO
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?
☐ YES ☐ NO

In the event of a denial of a government contract or government funding due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

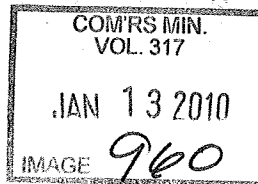
CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced on page 1 of this declaration.

X

Signature

Date



ATTACHMENT G
AFFIDAVIT IN COMPLIANCE WITH
SECTION 3517.13 OF THE OHIO REVISED CODE
(Corporation or Business Trust)
(R.C. 3517.13(J)(3))

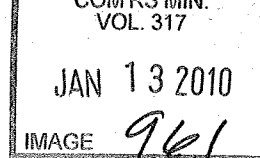
STATE OF OHIO

COUNTY OF _____

SS:

I, the undersigned, after being first duly cautioned and sworn, state the following with respect to
Section 3517.13 of the Ohio Revised Code:

1. I am _____ and I am employed as _____
[Name] [Title]
for _____
[Name of Corporation/Business Trust]
2. In my position as _____, I have the authority to make the
[Title]
certifications contained herein on behalf of _____
[Name of Corporation/Business Trust]
3. On behalf of _____, I do hereby certify that all of
[Name of Corporation/Business Trust]
the following persons, if applicable, are in compliance with division (J)(1) of Section
3517.13 of the Ohio Revised Code:
 - (a) Each owner of more than twenty per cent of the corporation or business trust;
 - (b) Each spouse of an owner of more than twenty per cent of the corporation or
business trust;
 - (c) Each child seven years of age to seventeen years of age of an owner of more
than twenty per cent of the corporation or business trust;
 - (d) Any political action committee affiliated with the corporation or business trust;
 - (e) Any combination of persons identified in (a) through (d) of this section.
4. I further certify that if _____ is awarded a
[Name of Corporation/Business Trust]
contract, the following persons shall, beginning on the date the contract is
awarded and extending until one year following the conclusion of that contract,
maintain compliance with division (J)(2) of Section 3517.13 of the Ohio Revised
Code:
 - (a) An owner of more than twenty per cent of the corporation or business trust;
 - (b) A spouse of an owner of more than twenty per cent of the corporation or business
trust;
 - (c) A child seven years of age through seventeen years of age of an owner of more
than twenty per cent of the corporation or business trust;
 - (d) Any political action committee affiliated with the corporation or business trust;
 - (e) Any combination of persons identified in (a) through (d) of this section.



5. I do hereby acknowledge that to knowingly make any false statement herein may subject me and/or _____ to the penalties set forth in Section
[Name of Corporation/Business Trust]
3517.992 of the Ohio Revised Code.

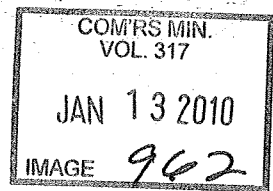
Further, Affiant sayeth naught.

[Signature]

[Title]

Sworn to before me, and subscribed in my presence, this _____ day of _____, 200_.

Notary Public - State of _____
My Commission Expires: _____



ATTACHMENT G
AFFIDAVIT IN COMPLIANCE WITH
SECTION 3517.13 OF THE OHIO REVISED CODE
(Individuals or Non-Corporate Entities)
(R.C. 3517.13(1)(3))

STATE OF OHIO

COUNTY OF _____ SS:

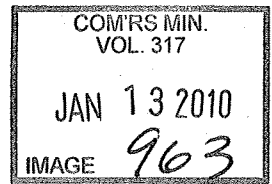
I, the undersigned, after being first duly cautioned and sworn, state the following with respect to
Section 3517.13 of the Ohio Revised Code:

1. I am _____ and I am employed as _____
[Name] [Title]
for _____
[Name of Entity]

2. In my position as _____, I have the authority to make the
[Title]
certifications contained herein on behalf of _____
[Name of Entity]

3. On behalf of _____, I do hereby certify that the
[Name of Entity]
following persons, if applicable, are in compliance with division (I)(1) of Section 3517.13
of the Ohio Revised Code:

- (a) The individual;
- (b) Each partner or owner of the partnership or other unincorporated business;
- (c) Each shareholder of the association;
- (d) Each administrator of the estate;
- (e) Each executor of the estate;
- (f) Each trustee of the trust;
- (g) Each spouse of any person identified in (a) through (f) of this section;
- (h) Each child seven years of age to seventeen years of age of any person identified in (a) through (f) of this section;
- (i) Any political action committee affiliated with the partnership or other unincorporated business, association, estate, or trust.
- (j) Any combination of persons identified in (a) through (i) of this section.



4. I further certify that if _____ is awarded a contract,
[Name of Entity]
the following persons shall, beginning on the date the contract is awarded and extending
until one year following the conclusion of that contract, maintain compliance with
division (I)(2) of Section 3517.13 of the Ohio Revised Code:
- (a) The individual;
 - (b) Each partner or owner of the partnership or other unincorporated business;
 - (c) Each shareholder of the association;
 - (d) Each administrator of the estate;
 - (e) Each executor of the estate;
 - (f) Each trustee of the trust;
 - (g) Each spouse of any person identified in (a) through (f) of this section;
 - (h) Each child seven years of age to seventeen years of age of any person identified
in (a) through (f) of this section;
 - (i) Any political action committee affiliated with the partnership or other
unincorporated business, association, estate, or trust.
 - (j) Any combination of persons identified in (a) through (i) of this section.
5. I do hereby acknowledge that to knowingly make any false statement herein may subject
me and/or _____ to the penalties set forth in Section
[Name of Entity]
3517.992 of the Ohio Revised Code.

Further, Affiant sayeth naught.

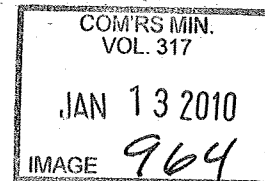
[Signature]

[Title]

Sworn to before me, and subscribed in my presence, this ____ day of _____, 200__.

Notary Public - State of _____
My Commission Expires: _____

Attachment H
REQUEST FOR PROPOSAL (RFP)
REGISTRATION FORM
RFP MB1109R
Non-Emergency Transportation Services
June, 2009



All inquiries regarding this RFP are to be in writing and are to be mailed, email or faxed to:

Maggie Barnett
Hamilton County Job and Family Services
222 E. Central Parkway Contract Services, 3rd Floor
Cincinnati, OH 45202
Fax#: (513) 946-2384
Email: HCJFS_RFP_Communications@jfs.hamilton-co.org

The Hamilton County Job and Family Services (HCJFS) will not entertain any oral questions regarding this RFP. *Other than to the above specified person, no Proposer may contact any HCJFS, county official, employee, project team member or evaluation team member.* Proposers are not to schedule appointments or have contact with any of the individuals connected to or having decision-making authority regarding the award of this RFP. **Inappropriate contact may result in rejecting of the Proposer's Proposal, including attempts to influence the RFP process, evaluation process or the award process by Proposer who have submitted bids or by others on their behalf.**

By faxing this completed page to the HCJFS Contract Services you will be registering your company's interest in this RFP, attendance at the RFP conference (attendance is not mandatory) and all ensuing addenda. Your signature is an acknowledgement that you have read and understand the information contained on this page.

DATE:	
COMPANY NAME:	
ADDRESS:	
REPRESENTATIVE'S NAME	
TELEPHONE NUMBER	
FACSIMILE NUMBER:	
EMAIL ADDRESS:	
NUMBER OF PEOPLE ATTENDING RFP CONFERENCE:	
SIGNATURE:	

Registration helps insure that Proposers will receive any addenda to or correspondence regarding this RFP in a timely manner. The HCJFS will not be responsible for the timeliness of delivery via the U.S. Mail.

Only Proposers registering for the RFP will be considered for a contract. All others Proposers will be disqualified.

REGISTRATIONS MUST BE RECEIVED BY July 29, 2009

Please fax this completed page to HCJFS Contract Services at (513) 946- 2384.

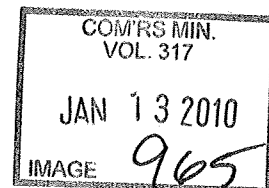


Integrated Services
Main Office: 222 East Central Parkway • Cincinnati, Ohio 45202-1225
General Information: (513) 946-1000
General Information TDD: (513) 946-1295
FAX: (513) 946-2250
www.hcjfs.org
www.hcadopt.org
www.hcfoster.org

Attachment I

Date:

CINCINNATI OH



Non-Emergency Transportation (NET) Customer Standards

- ▶ **Transportation by cab or livery service is a privilege and not a right.** During transportation, customers must conduct themselves (and their children, if any) in a reasonable manner. Customers must:
 - Avoid using profanity; and
 - Avoid verbally or physically abusing drivers, monitors, dispatchers and/or order takers.Failure of a customer to exhibit good behavior may result in a progressive disciplinary process that may result in an indefinite suspension of transportation by cab or livery services.
- ▶ **The transportation vendor is:**
 - **Not allowed** to take you to any unauthorized medical providers.
 - **Only allowed** to pick you up and drop you off at the address that our agency has given them.
- ▶ **If you move**, you need to call your transportation worker and your Medicaid eligibility worker right away to change your address. If your address is not changed, you cannot be picked up and you will miss your appointments.
- ▶ **You may be picked up 5 minutes before or up to 15 minutes after the designated pick up time.**
 - You must be ready to leave any time during this 20-minute period.
 - The transportation vendor does not have to send another vehicle if you are not ready and you may miss your appointment.
- ▶ **Rides are only allowed for the person who is authorized for service.**
 - No extra riders are allowed to go with you unless prior authorized.
- ▶ **If you have any problems with the quality of service you receive from the vendor,**
 - You should call the vendor first and try to work them out.
 - If you cannot solve the issue with the vendor, then you may call your transportation worker for assistance.
- ▶ **Rides are for non-emergency purposes only;**
 - The vendor is not allowed to take you to the emergency room without prior authorization from your transportation worker.
 - If you have an emergency, you must call 911.
- ▶ **You are only allowed to go to scheduled medical appointments.**

Your Transportation Worker is:

Transportation Worker's Phone Number: (513) 946-

	Time
Leave Lot	
pick up	
arrived @ appt.	
left appt.	
drop @ home	
arrived @ lot	

Leg ID:

Children's Services Medical Trips w/ Monitor

Date:	
Driver: (<i>print name</i>)	
Driver Signature:	
Name of Monitor:	

Name of Person to Transport:

[illegible]

* Driver's License = DL
State ID = ST
Pass Port = PP

JAN 13 2010

IMAGE 964

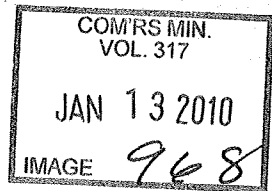
Date:	
Driver: <i>(print name)</i>	
Driver Signature:	
Name of Monitor:	

	Time
Leave Lot	
pick up	
arrived @ appt.	
left appt.	
drop @ home	
arrived @ lot	

[illegible]

COM'RS MIN.
VOL. 317
JAN 13 2010
IMAGE 967

ATTchment K



NON-EMERGENCY TRANSPORTATION (NET) Policy Memo

Effective Date: Immediate

NET Policy Memo #: 11 A

Approval: Jerry O'Flynn

ORC/OAC Reference: 5101:3

Date: 12/19/08

Subject: Drop Off – No Responsible Party Home

Obsoletes: 11

Background	At no time, shall any child be dropped off at a location not approved by the parent/guardian, and/or Children's Services Worker. This memo establishes guidelines for the use of Non-Emergency Transportation services when children are unable to be dropped off due to no responsible party being there to receive them.
When No Responsible Adult is available to Receive Child	<p>When authorizing Non-Emergency Transportation (NET) Services for children to day treatment, partial hospitalization, therapeutic preschool, after school programs, medical, dental, therapy appointments, the NET worker will:</p> <ul style="list-style-type: none"> Secure the parent's/guardian's signature on an <u>HCJFS 3305 – NET Consent Form</u> to: <ul style="list-style-type: none"> Authorize the transport; and Confirm the parent's or guardian's understanding of the procedures to be followed by the driver if an adult is not home at the time of the drop off. <p>When no responsible party is home to receive the drop off of a child by the Transportation Provider, the Transportation Provider will:</p> <ul style="list-style-type: none"> Attempt to reach the following parties to arrange for drop off in the order listed below: <ol style="list-style-type: none"> The parent/guardian by phone. All alternate phone numbers listed for the parent/guardian or other care givers authorized to receive the child in lieu of the parent/guardian; The Children's Services worker during normal business hours (prior to 4:45 PM). 241-KIDS – if calling after 4:45 PM. 241-KIDS will advise the provider how to proceed (Note – steps 3 and 4 will be the same regardless of custody status.) Advise the parent/guardian of the steps taken and the drop off location of the child. Complete an <u>HCJFS 3303 – NET Incident Report</u> and fax to the NET Fiscal Coordinator (946-2268) within 24 hours. The NET Fiscal Coordinator will file the documentation in the child's NET file.
Suspension and/or Termination of NET Contracted Services	<p>If the parent/guardian fails to have a responsible party at home on three (3) occasions within a school year (August 1 –July 31), the NET worker may:</p> <ul style="list-style-type: none"> Suspend the child from contracted-services' transportation (until the parent/guardian or Children's Services worker/supervisor provides a workable solution to have a responsible party present upon the child's arrival**); Assess eligibility for mileage reimbursement or bus tokens/passes (for both child and adult) for subsequent transportation needs; E-mail the transportation provider notice of any suspension or termination of contracted services; and <p>For children having open Children's Services cases: Prior to terminating cab/van service, the NET Supervisor will notify the Children's Services worker or supervisor of the proposed suspension and change in transportation mode.</p> <p>** Note: Additional infractions may result in termination of contracted-services for the remainder of the school year as defined above. At that time, the child will become eligible for mileage or bus tokens/passes only and the NET worker will e-mail the transportation provider notice of termination of services.</p>

Attachment K

NET Children's Services Contract – Monitor Rider Cases

Transportation Provider will:

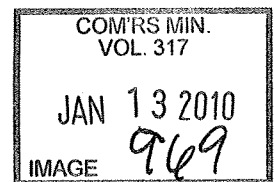
- Request to view a picture ID such as a valid driver's license, State ID, Passport, etc. from the adult present to ensure the child is received by the pre-authorized individual.
- Have the pre-authorized adult sign the HCJFS 3546 – Children's Services Medical Trips With Monitor attendance sheet to verify that the child was dropped off.
- Fax or mail daily attendance sheets to the NET Fiscal Coordinator at HCJFS.

If the adult present is not pre-authorized to receive the child, the Transportation Provider will:

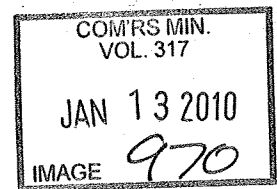
- Contact 241-KIDS to notify Children's Services that the child will be dropped off at HCJFS.

If no pre-authorized responsible party is home to receive the drop off of a child, the Provider will:

- Attempt to contact the pre-authorized adult listed on the HCJFS 3546 – Children's Services Medical Trips With Monitor attendance sheet.
 - If unable to reach the pre-authorized adult, leave a written message at the home and a voice mail message on the caregiver's phone/answering service that the child will be transported to 241-KIDS.



A Hachment L



CHILDREN'S SERVICES MANUAL

Manual Section:	15.01-B	OAC Reference:	5101:2-7-15(E)
Effective Date:	Immediate	COA Reference:	G5.5.02, G5.5.03
Approved By:	Moira Weir	Cross Reference:	Section 2.10, 1.02-C, Director's Letter 49-A
Approval Date:	9/19/08	Planned Review Date:	9/19/10
		Obsoletes:	15.01-A

Transporting Children

Background

Casework often involves the transportation of children to placements, appointments and visits. It is the responsibility of any HCJFS employee or affiliate transporting a child to ensure that the child is properly restrained while in a vehicle. HCJFS provides appropriate car and booster seats for caseworkers and case aides to ensure that all staff transporting children has ready access to necessary equipment.

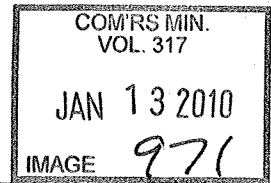
Transportation Safety Requirements

HCJFS employees must adhere to all safety requirements with regards to transporting children. HCJFS requires child safety restraint training for all employees who as part of their job may be called upon to transport a child. All employees must have a valid driver's license. **All employees must wear seat belts** and obey all state and local highway safety laws. All children being transported must be restrained in seat belts and in the appropriate car seat or booster seat according to the car/booster seat instructions and according to age/height/weight requirements for the child. In addition, all children age twelve (12) and under must ride in the back seat of the vehicle. The following guidelines must be met when transporting children requiring restraint in a car seat or booster seat:

The child is under twenty (20) pounds.	The child must be in a rear facing car seat in the back seat.
The child is under one (1) year of age.	The child must be in a rear facing car seat in the back seat.
The child is between twenty (20) pounds and forty (40) pounds in weight and between the ages of one (1) and four (4) years.	The toddler must be restrained in a forward-facing position in a car seat in the back seat of the car.
The child is more than four (4) years old and between forty (40) and eighty (80) pounds or shorter than 4ft. 9in. tall.	The child must be restrained in a booster seat in the forward facing position in the back seat of the car.

Continued on next page

Transporting Children, continued



Sanitary Requirements

Car seats and liners must be cleaned on a monthly basis. Each section is responsible for developing their own mechanism for ensuring the sanitary requirements are enforced.

Car Seat Expiration

All car/booster seats have expiration and/or manufacturer dates. Expiration dates can be found on one of the manufacturer labels located on the sides or bottom of the car/booster seat. If an expiration date is not listed, the caseworker should refer to the manufacture date. Car/booster seats are good for **six years** from the manufacture date. The caseworker should return all expired car/booster seats to the administrative assistant for proper discard.

To ensure continued safety, HCJFS recommends all car/booster seats be replaced following an auto accident.

Permission to Transport Form

If HCJFS does not hold custody of a child being transported, the HCJFS 4647 – Consent for Transportation form must be signed by the parent or guardian. (This form is also required when transporting adults.)

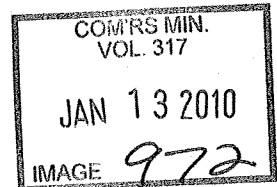
Requirements for Foster Parents

Any vehicle owned or leased by a foster caregiver and used to transport a foster child shall be maintained in a safe condition and in compliance with all motor vehicle laws. Such vehicles must be covered by liability insurance in accordance with current state laws. A foster caregiver must ensure that any person transporting a foster child in a motor vehicle must be licensed to drive that class of vehicle and have the child restrained in the proper car seat or booster seat. When transporting foster children in their care, foster parents must adhere to the same transportation safety guidelines on the previous page of this policy regarding the use of car seats and booster seats for children.

HCJFS will purchase and provide car seats/booster seats for foster parents caring for children in this age, weight and height range on a case by case situation.

Continued on next page

Attachment L



Transporting Children, continued

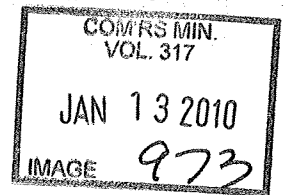
Transporting Children with Behavioral Issues

Steps must be taken to protect both the child and the caseworker when transporting children with serious behavioral problems that may pose a risk during the transport. When planning the trip, discuss the child's behavior with the supervisor and take one or more of the following steps as needed.

- Take a co-worker with you to complete the transport;
- Reserve a screened county car;
- Request assistance from the Sheriff's Department or local police if:
 - the child is at risk of running/has a history of running;
 - the child is at risk of harm to self or others;
 - the child is being moved from one secure setting to another.

Reporting Problems

In the case of a vehicle accident, regardless if children are present, the employee shall notify his/her supervisor and follow the Vehicle Accident Procedures in Children's Services Manual - 2.10.



CHILDREN'S SERVICES MANUAL

Manual Section:	2.07	OAC Reference:	None
Effective Date:	Immediate	COA Reference:	None
Approved By:	Molra Weir	Cross Reference:	None
Approval Date:	05/01/06	Planned Review Date:	5/1/08
		Obsoletes:	CS PM #104

Inclement Winter Weather

Background The safety of staff and the children/families that we serve is of paramount importance. Preparing for the winter season and knowing how to react if you are stranded or lost on the road are keys to safe winter driving. This policy memo discusses winter driving guidelines and identifies specific conditions which require evaluation and, potentially, delay of HCJFS transportation or field work.

Weather Alerts

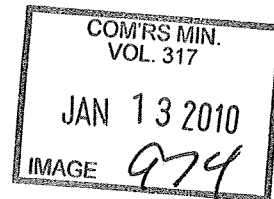
CS Administration will utilize the snow emergency guidelines established by the Hamilton County Sheriff's Office as a tool in making the decision to cancel scheduled transportation or delay non-emergency field work for Children's Services. The Sheriff's Office recognizes the following snow emergency levels:

Level I – Snow Alert	Roadways are hazardous with blowing and drifting snow.
Level II – Snow Advisory	Roadways are hazardous with blowing and drifting snow. Only those who feel it is necessary to drive should be out on the roadways.
Level III – Snow Emergency	All roadways are closed to non-emergency personnel. No one should be out during these conditions unless it is absolutely necessary to travel. Those traveling on roadways may subject themselves to arrest.

Continued on next page

Attachment M

Inclement Winter Weather, Continued



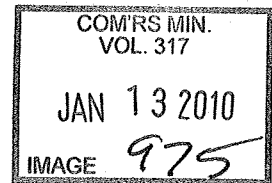
CS Field Work The Assistant Director's designee will evaluate the necessity and issue notice of any necessary delay of non-emergency field work for Children's Services. In the event of a **Level II Snow Advisory** or **Level III Snow Emergency**, non-emergency field work will be cancelled or delayed. The status of the delay will be evaluated throughout the day and changed as needed based on weather alerts, current road conditions, and local weather forecasts. Caseworkers must consult with their supervisor or section chief regarding the completion of field work that is considered necessary or urgent (i.e., meeting the priority response on an allegation, placing of children, returning children to his/her placement setting). This consultation will include discussion of the safety risks involved, the availability of alternate means to complete the required actions, and any follow-up plan required. Caseworkers must include documentation in the case notes of all consultation and contacts.

Case Aide Transportation Services The Transportation Coordinator will cancel or delay the start of transportation assignments in the event that a notice of delay is received from the Assistant Director's designee. Under circumstances where the transportation need is a "retrieval" or "return" of a child to his/her placement setting (i.e., foster home, relative home, etc) from another location, consultation must occur between the transportation coordinator, the assigned case aide and the child's caseworker and/or supervisor. This consultation will include a discussion of the safety risks involved, the urgency of the need for transportation, the availability of any alternate means to ensure the child is safely returned, and the availability of alternate safe locations. Any "no drive" status will be updated in accordance with the designee's evaluation throughout the day.

Out-of-County Travel When a transportation assignment or visit requires travel outside of Hamilton County, the caseworker or case aide should consult the weather forecast and road conditions of the designated city and any major cities throughout the planned route. If there are concerns regarding inclement weather or road conditions, consultation should occur with the supervisor, section chief, or transportation coordinator (for case aides). An emergency supply box can be obtained prior to a trip from the administrative assistant for each section or the case aide managers (for case aides).

Continued on next page

Attachment M



Inclement Winter Weather, Continued

Weather and Travel Links

Current weather and travel information can be found at the following links or phone numbers:

- ODOT Traffic Information - <http://www.buckeyetraffic.org/>
- ARTIMIS - <http://www.artimis.org/> or dial 511
- National Weather Service - <http://weather.noaa.gov/>
- Ohio State Highway Patrol - <http://statepatrol.ohio.gov/>
- Indiana State Police - <http://www.in.gov/isp/roadinfo/weather.html>
- Kentucky State Police - <http://www.kentuckystatepolice.org/>
- The Weather Channel - <http://www.weather.com/>
- SORTA - <http://www.sorta.com/>

Winter Driving Tips

The following winter driving tips are adapted from the City of Cincinnati Public Services department and the FEMA Winter Driving Fact Sheet:

Tips Before You Drive:

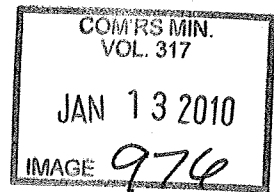
- Keep your vehicle's gas tank at least half full at all times.
- Make sure your windshield fluid is full.
- Winterize your car by fully charging the battery and checking for adequate tire tread and air pressure.
- Use deicer or heat with your key with a match or lighter to open frozen locks. Do not use water, even if it's hot.
- Keep emergency driving supplies such as ice scrapers, shovels, jumper cables, flares, deicer, flashlights, fully charged cell phone (and car charger), blanket, water and non-perishable food in your vehicle.
- Dress warmly.

Tips While on the Road:

- Remember bridges and ramps freeze before roads.
- Keep a safe distance of 50 feet from snow removal equipment and traffic in front of you. It takes longer to stop on wet or icy roads.
- When skidding, steer your vehicle in the direction you want to go. Don't slam on the brakes.
- SLOW DOWN.
- If your vehicle gets stuck, ease or "rock" out of spaces. Spinning the tires only digs a car deeper in the snow.

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Attachment M



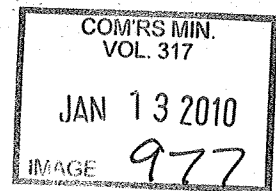
Inclement Winter Weather, Continued

Winter Driving Tips, *continued*

If You Become Stranded:

- Stay in the car unless help is visible within 100 yards. You may become disoriented and lost in blowing and drifting snow.
 - Call for assistance from your cell phone.
 - Display a 'trouble' sign (i.e., a brightly colored cloth on the antenna and raise the hood of the car).
 - Occasionally run the engine to keep warm (about 10 minutes each hour). Run the heater when the car is on.
 - Keep the exhaust pipe clear of snow and open the window slightly for ventilation.
 - Do minor exercises such as clapping hands and moving arms and legs occasionally. This will help to maintain circulation.
 - Avoid overexertion. Cold weather puts an added strain on the heart.
-

Attachment N



Main Office: 222 East Central Parkway • Cincinnati, Ohio 45202-1225
Neighborhood Center: 237 Wm. Howard Taft • Cincinnati, Ohio 45219
General Information: (513) 946-1000
General Information TDD: (513) 946-1295
FAX: (513) 946-2250
www.hcjfs.org
www.hcadopt.org
www.hcfoster.org

Employer Name:			
Employee Name:			
Employee Address:			
Authorization Date:		Expiration Date:	

RELEASE OF PERSONNEL RECORDS AND CRIMINAL RECORD CHECKS

Whereas R.C. 2151.86 requires the Hamilton County Department of Job and Family Services (HCJFS) to obtain a criminal records check on each employee and volunteer of a HCJFS Provider who is responsible for a consumer's care during service delivery, and

Whereas HCJFS, and HCJFS' funding organizations, may be required to audit the records of Providers to ensure compliance with provisions relating to criminal record checks of Providers' employees who are responsible for a consumer's care during service delivery, and

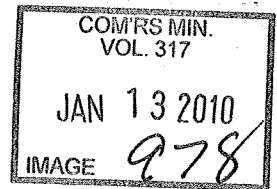
NOW THEREFORE

I authorize HCJFS, and those entitled to audit its records, to review my personnel records, including, but not limited to, criminal records checks. This authorization is valid for this, and the three subsequent fiscal years of HCJFS.

Signature _____ Date _____

A. Criminal Record Check

Provider shall comply with R.C. Sections 2151.86 and 5153.111. Generally these require that every employee or volunteer of Provider who has contact with a Consumer have an effective criminal record check. Notwithstanding the aforesaid, an employee or volunteer, without an effective criminal record check, may have contact with a Consumer if he/she is accompanied by an employee with an effective criminal record check. As used in this section an "effective criminal record check" is a criminal record check performed by the Ohio Bureau of Criminal Identification and Investigation, done in compliance with ORC 2151.86, which demonstrates that the employee or volunteer has not been convicted of any offense listed in R.C. Section 2151.86(C).



Attachment O

Transportation Authorization Orders

<u>Field</u>	<u>Datatype</u>	<u>Description</u>
TRIP CATEGORY	Varchar2 (15)	Derived from Purpose (PRS, PRS CS, MEDICAL, DAY TREATMENT, NET CS)
TRIP_PURPOSE	Varchar2 (61)	Purpose of Client's Trip
TRIP_DATE	Date (10)	MM/DD/YYYY Trip Date
LAST_NAME	Varchar2 (26)	Client's Last Name
FIRST_NAME	Varchar2 (26)	Client's First Name
APPT_TIME	Varchar2 (10)	HH:MM AM Time of Client's appointment
TRIP_ID	Number (11)	Trip ID
TRIP_LEG_ID	Number (11)	Trip Leg ID
TRIP_STATUS	Varchar2 (61)	Status of trip
SSN	Varchar2 (10)	Client's SSN
CLIENT_PHONE_NO.	Varchar2 (11)	Client's Phone Number
PICKUP_ADDRESS	Varchar2 (99)	Address where client is being picked up May be Client or Provider address
PICKUP_PROVIDER	Varchar2 (61)	Pickup Provider Name if Applicable
DROPOFF_ADDRESS	Varchar2 (99)	Address where client is being dropped off May be Provider or Client address
DROPOFF_PROVIDER	Varchar2 (61)	Drop Off Provider's Name if Applicable
RETURN_TIME	Varchar2 (9)	HH:MM AM Time the client returned from trip
MOBILITY_AIDE	Varchar2 (27)	Client's Mobility Aide
NO_RIDERS	Number (5)	Number of riders for trip
WORKER_NAME	Varchar2 (41)	HCJFS Workers first/last name
MONITOR	Varchar2 (7)	NEEDED, MALE or FEMALE (null = no monitor)
AUTH_LAST_NAME	Varchar2 (26)	authorized representative Last Name
AUTH_FIRST_NAME	Varchar2 (26)	authorized representative First Name
COMMENTS	Varchar2 (201)	Comments regarding trip.
LAST_UPDATE_DATE	date/time	MM/DD/YYYY HH:MM:SS PM

Invoice Details

<u>Field</u>	<u>Datatype</u>	<u>Description</u>
TRIP_ID	Number (10)	Trip ID
TRIP_LEG_ID	Number (10)	Trip Leg ID
FINAL_TRIP_STATUS	Number (10)	3=no show 9=completed 2=canceled
COST	Currency (4,2)	9999.99 Vendors charge for the trip

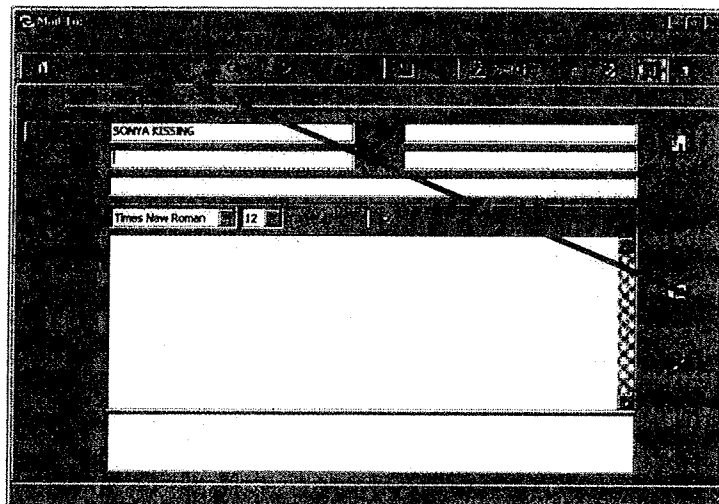


Sending Encrypted Email

Quick Reference Card

For technical assistance call:
Computer Support 946-1900

The GroupWise New Mail Window



Sending Secure Email

Compose the new e-mail by filling out the addressing information, subject information, and message body.

Do not place any sensitive information in the "Subject" line as this information is not hidden from others during storage or delivery to the recipient.

After composing the e-mail, click the "Send Certified" button, located directly to the right of the "Send" button, and just to the left of the "Cancel" button.

After clicking Send Certified, the "To" field will change to: "CertifiedMail" <cm@mailcmd.odjfs.state.oh.us> <"CertifiedMail"<cm@mailcmd.odjfs.state.oh.us>>.

The recipient of your email will receive notice from the State website that they have certified mail from you and instructions on how to retrieve that email.

What is CertifiedMail?

CertifiedMail is a software product developed by CertifiedMail, Inc. The product provides a secure transport mechanism between HCJFS and the public for exchanging electronic-mail including file attachments.

Why is CertifiedMail needed?

Due to increased regulatory requirements and the ever-increasing need to securely and efficiently communicate information using electronic-mail, a mechanism to secure this type of information as it travels between HCJFS and public recipients over the Internet was required.

When do I use CertifiedMail?

When sending any personal information, including information contained in an email or information contained within a file attachment, over the Internet to an external recipient (i.e., someone outside of HCJFS)

How do I install the CertifiedMail "Send Certified" button into GroupWise?

You do not have to do anything, I.S. will have GroupWise re-installed. The "Send Certified" button will appear on all new mail.

How do I determine what type of information needs to be sent using CertifiedMail?

Speak with your supervisor if you have any question about what type of information should be secured.. Essentially, any confidential or sensitive information should be and must be secured using CertifiedMail when sending it to a recipient outside of the agency. Violations of state and federal regulations, which require our agency to secure sensitive and confidential electronic information, include fines and possible imprisonment.

I thought Novell GroupWise e-mail was secure, it isn't?

E-mails including file attachments sent within the HCJFS GroupWise system are secure. Confidentiality and integrity of GroupWise email occurs as long as it stays within the HCJFS GroupWise environment. Forwarding e-mails outside to an external recipient (someone outside of HCJFS) or archiving the email to a local file-system such as a CD, a USB drive, or a local hard-drive has the potential to compromise the information's confidentiality and integrity.

Key Strokes

Open a New Mail Message	<Ctrl> + <M>
Print Current View	<Ctrl> + <P>
Delete	<Delete>
Undo	<Ctrl> + <Z>
Help	<F1>
Check Spelling	<Ctrl> + <F1>
Cut	<Ctrl> + <X>
Copy	<Ctrl> + <C>
Paste	<Ctrl> + <V>
Find	<Ctrl> + <F>
Select All	<Ctrl> + <A>
Go to today's date	<Ctrl> + <G>

What is the process for retrieving a secure e-mail?

An email message is received from the state giving directions on how to retrieve certified mail:

KISSIS@ifs.hamilton-co.org has created a secure e-mail message for you at:

<https://mailcms.odifs.state.oh.us/x.aspx?b=1G6p-WU9V>

To access your message, simply follow these steps:

1. Click on the above link.
2. Type skipping@fuse.net for your Login ID and click Next. You will then be prompted to create a password to protect your account.
3. Access your Inbox to view your message

If you need help, please send an e-mail to certifiedmail_support@odifs.state.oh.us.

Message Details:

Subject: Test Mail 2

From: KISSIS@ifs.hamilton-co.org

To: skipping@fuse.net

Created: 1/30/2007 3:02:02 PM (EST)

Expires: 2/13/2007 3:02:02 PM (EST)

(c) 1996-2006 CertifiedMail.com Inc., All Rights Reserved.

Once on the State Website the recipient enters their email address and creates a password.



Secure Message Pickup (Step 1 of 2)

To access your important CertifiedMail message, please enter your email address below and click next.

▼ **Email Address** (the email address your message notification was sent to)



Secure Message Pickup (Step 2 of 2)

Simply create a password to protect your account.

▼ **Create a Password**



(Re-enter password to Verify)

Powered by CertifiedMail

**Board of Commissioners:**

Greg Hartmann, David Pepper, Todd Portune

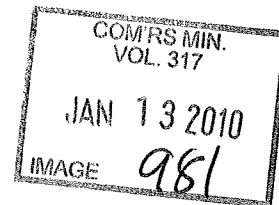
County Administrator: Patrick J. Thompson**Director:** Moira Weir**General Information:** (513) 946-1000**General Information TDD:** (513) 946-1295www.hcjfs.orgwww.hcadopt.orgwww.hcfoster.org

22 E. Central Parkway • Cincinnati, Ohio 45202

(513) 946-1768 • Fax: (513) 946-2384

E-mail: barnem@jfs.hamilton-co.org

July 2, 2009

**HCJFS REQUEST FOR PROPOSAL
NON-EMERGENCY TRANSPORTATION SERVICES
RFP MB1109R****ADDENDUM 1**

To All Potential Proposers:

HCJFS Panel: Maggie Barnett, Jerry O'Flynn, Gayle Foster, Debbie Brown, Sheila Bass, Anna Lee and Gerry Bachman

Providers Present: Petermann LTD, NextLevel Transportation Services, MTM, Inc, First Transit Inc

Correction to RFP

Page 40, Section 5.8 Campaign Contribution Declaration ...Attachment G

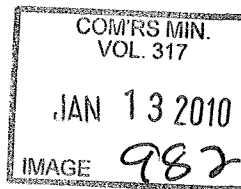
Correction: This section has been deleted from the RFP. Attachment G will not need to be submitted with proposal(s).**Correction:** Page 35 Section 5.3 Contract Period, Funding & Invoicing RFP Invoices #1: currently reads...which is submitted to HCJFS more than ninety (90) ...**Change to read...which is submitted to HCJFS more than sixty (60)...****Attached: Electronic budget**

Reminder.....Budgets and Unit Rate must be submitted in the form provided as Attachment C. *All Registered providers will be sent an electronic budget file in Excel format. All providers submitting a proposal shall include a hardcopy of the budget in the proposal and also submit the budget electronically to the contact person identified in section 3.2 HCJFS Contact Person. If you are unable to submit an electronic copy of your budget, you shall include a statement in the budget narrative explaining the reason.*

Note: the softcopy of the budget **and your proposals** must be received by the due date specified in the RFP. The softcopy budget must match the hardcopy in your proposal.

Adult Services/421-LIFE • Cash Assistance • Child Care Services
Child Support Services • Children's Services/241-KIDS • Employment and Training
Food Stamps • Medicaid • Mt. Airy Shelter • Tuberculosis Control





Questions & Answers from RFP Conference

Q1. Is there a cost advantage for doing all three proposals? How do we account for that? In other words, if there is a price for all three that price will be different than given two of three or one of three.

A. HCJFS will entertain proposals seeking to deliver either a single NET service (Traditional, Children's Services Customers, or for Pregnancy Related Services/Healthchek Customers), or for any combination of two or for all three populations.

Each proposal an organization submits will be evaluated based on its own individual merits for its responsiveness to the RFP and rate competitiveness. For example, an organization might submit three proposals, one for traditional services only, one for Traditional and Pregnancy Related Services/Healthchek customers and a third for all three service customers.

Q2. If Vendor wants to do all three populations will they have to submit three proposals?

A. NO. See Answer to Q1.

Q3. Who is the current provider?

A. Petermann, LTD

Q4. Do you consider transportation providers subcontractor?

A. No, but transportation vendors may subcontract. HCJFS must approve any subcontractor.

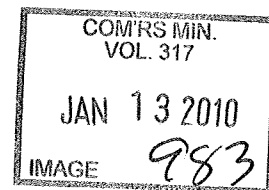
Q5. Please clarify who can request transportation? Does the county staff make the request or the client or both?

A. The client (customer) makes the request for transportation to HCJFS. HCJFS verifies eligibility and send authorization to vendor for transportation.

Q6. Please clarify this contract does not include any wheelchair vehicles.

A. Correct. There may be some instances where a client has an attendant who can collapse the wheelchair, as needed. There may be other instances where the vendor may be required to assist a customer in a wheelchair, if the customer is able to transfer from the wheelchair to the vehicle and there is no attendant present.





Q7. Please define a unit rate?

- A. Per the RFP: pg. 21, Unit Rate calculation of the trip rate per leg per person**
- B. Change language in the RFP page 35 to read... Vendor shall invoice the NET fiscal Coordinator a per leg (one-way) per person basis.**

Q8. Pages 21, Section 2.3 Monitor wage no more than Federal wage. This is below current market level.

- A. OAC Rule 5101:3-24-02(B) (4) requires that, "When medically necessary, an attendants (monitor) salary is reimbursable at the current federal minimum wage up to eight hours per day. Attendant is defined as a person who accompanies the consumer who is unable to travel independently during a Medicaid covered service.**

Q9. Attachment A: Unit Rate for 24 months (?) Told to do separate budget for 2010 – 2011, 2011-20012. Does this allow for cost of living allowance (COLA)?

- A. Yes. Cost of living increase is allowed in the budget. However, this is a business decision that must be made by each Vendor.**

Q10. August 12, 2009 when proposals are due is this a public opening?

- A. No**



**Board of Commissioners:**

Greg Hartmann, David Pepper, Todd Portune

County Administrator: Patrick J. Thompson

Director: Moira Weir

General Information: (513) 946-1000

General Information TDD: (513) 946-1295

www.hcjfs.org

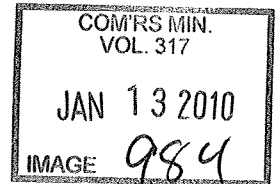
www.hcadopt.org

www.hcfoster.org

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(513) 946-1768 • Fax: (513) 946-2384

E-mail: barnem@jfs.hamilton-co.org



July 2, 2009

**H CJFS REQUEST FOR PROPOSAL
NON-EMERGENCY TRANSPORTATION SERVICES
RFP MB1109R**

ADDENDUM 2

To all Potential Providers:

Questions and Answers

Q1. In 2007 the County issued an RFI for Non-emergency transportation services. Based on the RFI, the County was interested in a brokerage type model. However, with this current RFP it doesn't appear as the County decided on the brokerage model. What is the County's position on a possible brokerage model for the current contract?

A: The County is not interested in brokering out NET at this point.

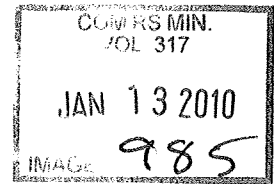
Q2. What improvements is the County hoping for with this new contract?

A: With current budget realities, the County is expecting the vendor to provide transportation efficiently in the most cost-effective manner. Customer service is important to Hamilton County, and the County is hoping to expand customer service by the vendor assisting customers as needed. Customers will also expected to adhere to established Customer Standards.

Q3. Page 5, Section 1.1: How many trip occurred in 2008 outside the 125 mile radius?

A: Approximately 1% of the total 239,530, or 2,395, trips for NET transportation for 2008 were outside the 125 mile radius.





Q4. Page 9, Section 1.2.1 Population? This section provides some past trip data. Will the County please provide the following information as well?

- a. Average trip mileage
- b. Average number of trips per day
- c. Average cost per trip
- d. Total Cost of each program for 2008

A a. The County does not have this data because it is not tracked as we pay a flat per leg per person rate.
b. The average number of trips scheduled per day is about 1,000.
c. The County currently pays a flat rate of \$47.38 per person per one way trip.
d. The total cost for the following programs in 2008 is: NET - \$7,196,463.50
PRS - \$92,073.75 and there were no service invoice for Children's Services

Q5. Page 9, Section 1.2.1 Population: Does the County expect that these numbers will increase given the current economic strains?

A: The County cannot predict the number of transports. Information provided is for planning purposes only. HCJFS does not guarantee that the current service level will increase, decrease, or remain the same.

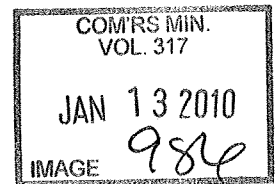
Q6. Page 10, Section 1.2.2.6 Return trips: Will the County consider increasing the trip allowed for return trips (not previously scheduled) to one (1) hour? This would only apply to trips in which the client did not schedule a return pick up time and called after their appointment.

A: Per information in the RFP, the vendor shall ensure that the response time for return trips is within 20 minutes or best proposed time by vendor.

Q7. Page 10, Section 1.2.2 Service Components: Does the County currently use any public transportation for this program? If yes, is it the responsibility of the vendor or the county?

A: Yes. The County currently uses Southwest Ohio Regional Transit authority (SORTA), from which the County purchases bus tokens, bus passes, and Access tickets. That is the responsibility of the County.





Q8. Page 10, Section 1.2.2 Service components: Does the County currently use any personal mileage reimbursement for this program? Meaning the client has a vehicle, but is unable to pay for the gas. If yes, is that the responsibility of the vendor or the county?

A: Yes, it is the responsibility of the County.

Q9. Page 11, Section 1...2.2.13: Under what circumstances would the vendor make these decisions? It seems you are asking the vendor to make a medical decision for the clients will the County consider removing or clarifying this language?

A: This part of the RFP deals with the vendor, on rare occasions, transporting customers to/from medical appointments without prior authorization from the County. Examples could be transporting a client from dialysis to hospital and, days later, for a return trip home. The intent of the language in the RFP is to give the vendor some flexibility, in rare instances, of providing transportation that has not been prior authorized by HCJFS. The County will not consider removing or clarifying this language.

Q10. Page 12, Section 1.2.3 Performance Service Feedback: Would the County allow the vendor to use any third party agency to gather this feedback? This may help reduce the cost of the program.

A: Yes, as long as the third party agency is a professional market research company or accredited university, as noted in the RFP.



**Board of Commissioners:**

Greg Hartmann, David Pepper, Todd Portune

County Administrator: Patrick J. Thompson

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General Information TDD: (513) 946-1295

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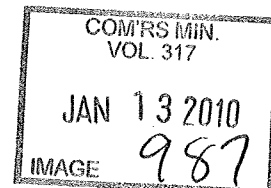
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E-mail: barnem@jfs.hamilton-co.org



July 6, 2009

**HCJFS REQUEST FOR PROPOSAL
NON-EMERGENCY TRANSPORTATION SERVICES
RFP MB1109R**

ADDENDUM 3

To all Potential Providers:

Questions and Answers

Q1.

In Reference to Section 1.21 Population

Approximate trips for Children's services are delineated as 6,000 one way; for NET 240,000; and for PRS 3,404.

Should we therefore consider the units of service above the "standard" for response in Attachment C Budget so that all vendors are responding on the same volume? Additionally, there seems to be no other information included in the RFP that alludes to levels of volume past or future other than those supplied in the population section. Will any additional volume levels, past or future, be provided?

A1.

All vendors were provided the same information for the population served, in Section 1.2.1 of the RFP. The data was provided for planning purposes only. HCJFS does not guarantee that the current service level will increase, decrease, or remain the same. No additional volume levels will be provided.

Q2.

The RFP can be awarded either in 1-2-3 individual vendor contracts or all to one vendor. Is there any basis under which the agency would prefer one vendor over multiple suppliers?

A2.

Each proposal will be evaluated based on its own merits. There is no preference for one or multiple vendors, only that we need to be able to meet our customer's needs and maintain the responsibilities for the federal program.

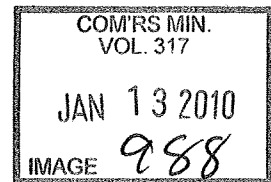




MTM

Medical Transportation
Management, Inc.

EXHIBIT II



August 10, 2009

Ms. Maggie Barnett
222 East Central Parkway, 3rd Floor
Cincinnati, OH 45202

Dear Ms. Barnett,

Enclosed is a response to the Hamilton County Department of Job and Family Services (HCJFS) RFPMB1109R for Non-emergency transportation services from Medical Transportation Management, Inc. (MTM). MTM has read and understands the RFP and all addenda and agrees to the requirements listed therein. Our pricing proposal will remain valid for 180 days after the proposal submission date.

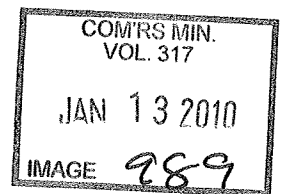
Within our proposal, we have demonstrated our ability to successfully implement your program to achieve lower cost and increased efficiency. We also offer HCJFS a higher level of quality and better value for your program dollars by implementing a program that truly is concerned with the needs of your customers. We evidence this by conducting weekly satisfaction surveys and having an extensive quality management program to monitor performance.

We look forward to diligently and cost-effectively meeting the needs of HCJFS customers. If I may be of assistance or provide additional background information as you complete the review process, please do not hesitate to contact me.

Sincerely,

Alaina Maciá

Alaina Maciá
President and CEO
16 Hawk Ridge Drive
Lake St. Louis, MO 63367
636-561-5686, Ext. 5503



RFP MB1109R

Non Emergency Transportation Services
Traditional Services
Pregnancy Related Services
And
Children's Services

Copy

Prepared for
Hamilton County, Ohio
Department of Job and Family Services

Submitted by:

Medical Transportation Management, Inc. (MTM)

August 12, 2009



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MTM
Medical Transportation
Management, Inc.

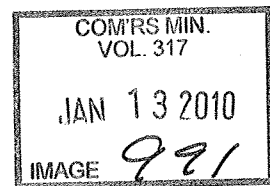


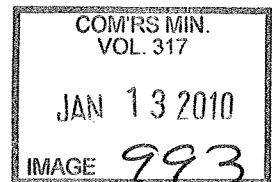
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JAN 13 2010	
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ATTACHMENT A
PROPOSAL COVER SHEET FOR
Non-Emergency Transportation Services
Bid No: RFP MB1109R



Name of Vendor : Medical Transportation Management, Inc.

Provider Address: 16 Hawk Ridge, Lake Saint Louis, MO 63367
Include city, state and zip code

Contact Person : Alaina Maciá President
(Please Print or type name) *Title*

Phone Number: 636-561-5686 x5503 **Fax Number:** 636-561-2962 **E-Mail:** amacia@mtm-inc.net

Additional Names: Vendor must include the names of individuals authorized to negotiate with HCJFS

Person(s) authorized to negotiate with HCJFS:

(1) **Name:** Gary Richardson **Title:** Chief Financial Officer
(Please Print) *(Please Print)*

Phone Number: 636-561-5686 x5549 **Fax Number:** 636-561-2962 **E-Mail:** grichardson@mtm-inc.net

(2) **Name:** Patrick McNiff **Title:** VP, Paratransit Operations
(Please Print) *(Please Print)*

Phone Number: 636-561-5686 x5038 **Fax Number:** 636-561-2962 **E-Mail:** pmcniff@mtm-inc.net

This Proposal is for (check one): Children's Services ☒ NET ☒ PRS/Healthchek ☒

Initial Term for Twenty-four (24) Months 1/1/10 - 12/31/11	Renewal Years for Twenty-four (24) Months 1/1/12 - 12/31/13
Unit Rate: \$ <u>34.06</u>	Unit Rate: \$ <u>35.04</u>
Monitor Rate: \$ <u>7.25</u> (for Children's Services Only)	Monitor Rate: \$ <u>7.25</u> (for Children's Services Only)

Certification: I hereby certify the information and data contained in this proposal are true and correct. The Provider's governing body has authorized this application and document.

Alaina Maciá
Signature - Authorized Representative

President
Title

8/10/09
Date

G. Richardson
Signature - Financial Officer

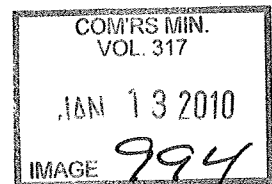
Chief Financial Officer
Title

8/10/09
Date

++Please see back of form for checklist to verify everything required to be submitted is included.

ATTACHMENT F

Ohio Department of Public Safety
Division of Homeland Security
<http://www.homelandsecurity.ohio.gov>



GOVERNMENT BUSINESS AND FUNDING CONTRACTS

In accordance with section 2909.33 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION

BUSINESS/ORGANIZATION NAME			
Medical Transportation Management, Inc.			
BUSINESS ADDRESS			
16 Hawk Ridge Drive			
CITY	STATE	ZIP	COUNTY
Lake St. Louis	MO	63367	St. Charles
PHONE NUMBER			
(636) 561-5686			

ATTACHMENT F

COM/RS MIN.
VOL. 317

JAN 13 2010

IMAGE

995

DECLARATION

In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code

For each question, indicate either "yes" or "no" in the space provided. Responses must be truthful to the best of your knowledge.

1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?
☐ YES ☒ NO
2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?
☐ YES ☒ NO
3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?
☐ YES ☒ NO
4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?
☐ YES ☒ NO
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?
☐ YES ☒ NO
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?
☐ YES ☒ NO

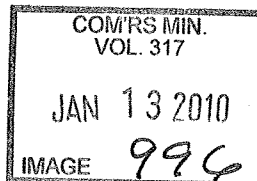
In the event of a denial of a government contract or government funding due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced on page 1 of this declaration.

x Alaina Nacia'
Signature

08/10/09
Date



ATTACHMENT G
AFFIDAVIT IN COMPLIANCE WITH
SECTION 3517.13 OF THE OHIO REVISED CODE
(Corporation or Business Trust)
(R.C. 3517.13(J)(3))

STATE OF OHIO

COUNTY OF _____

SS: _____

I, the undersigned, after being first duly cautioned and sworn, state the following with respect to
Section 3517.13 of the Ohio Revised Code:

1. I am Alaina Macia and I am employed as President/CEO
[Name] [Title]
for Medical Transportation Management, Inc.
[Name of Corporation/Business Trust]
2. In my position as President/CEO, I have the authority to make the
[Title]
certifications contained herein on behalf of Medical Transportation Management, Inc.
[Name of Corporation/Business Trust]
3. On behalf of Medical Transportation Management, Inc., I do hereby certify that all of
[Name of Corporation/Business Trust]
the following persons, if applicable, are in compliance with division (J)(1) of Section
3517.13 of the Ohio Revised Code:
 - (a) Each owner of more than twenty per cent of the corporation or business trust;
 - (b) Each spouse of an owner of more than twenty per cent of the corporation or
business trust;
 - (c) Each child seven years of age to seventeen years of age of an owner of more
than twenty per cent of the corporation or business trust;
 - (d) Any political action committee affiliated with the corporation or business trust;
 - (e) Any combination of persons identified in (a) through (d) of this section.
4. I further certify that if Medical Transportation Management, Inc. is awarded a
[Name of Corporation/Business Trust]
contract, the following persons shall, beginning on the date the contract is
awarded and extending until one year following the conclusion of that contract,
maintain compliance with division (J)(2) of Section 3517.13 of the Ohio Revised
Code:
 - (a) An owner of more than twenty per cent of the corporation or business trust;
 - (b) A spouse of an owner of more than twenty per cent of the corporation or business
trust;
 - (c) A child seven years of age through seventeen years of age of an owner of more
than twenty per cent of the corporation or business trust;
 - (d) Any political action committee affiliated with the corporation or business trust;
 - (e) Any combination of persons identified in (a) through (d) of this section.

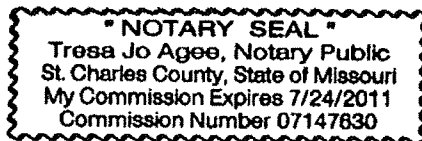
5. I do hereby acknowledge that to knowingly make any false statement herein may subject me and/or Medical Transportation Management, Inc. to the penalties set forth in Section [Name of Corporation/Business Trust] 3517.992 of the Ohio Revised Code.

Further, Affiant sayeth naught.

Alaina Nacia
[Signature]

President/CEO
[Title]

Sworn to before me, and subscribed in my presence, this 10 day of August, 2009



Tresa Jo Agee
Notary Public - State of Missouri
My Commission Expires: 7-24-2011

Section 2.2 Service and Business Deliverables

Executive Summary: Lowering Cost and Increasing Quality for Hamilton County

The Hamilton County Department of Job and Family Services (HCJFS) seeks a vendor to coordinate service delivery and increase efficiency in providing transportation services to HCJFS customers. Your program should provide the same level of commitment to meeting the needs of your customers as HCJFS provides. The customers you serve require compassion and patience from the successful vendor while being mindful of the program cost.

Medical Transportation Management, Inc. (MTM) will alleviate the strain on your transportation budget while letting you rest easy knowing that your customers are being cared for in a respectful manner. First, MTM offers a rate that is considerably lower than your current rate. Second, MTM upholds the highest commitment to customer service in the industry. This is evidenced by our weekly customer satisfaction surveys conducted at no extra cost to the client and our positive feedback from customers, clients, and medical facilities, among other community stakeholders. These weekly surveys will be completed in addition to the annual third party surveys required by HCJFS. We regularly exceed our goal of 95% or greater customer satisfaction.

“We have always been impressed with MTM’s ability to effectively manage the costs of the program without sacrificing consumer service delivery.”

David Jolly, Commissioner, Orange County DSS

Lower Cost

“Effectively managing the costs of the program without sacrificing consumer service delivery,” this is the template around which we have structured our proposal to



HCJFS. How exactly is this accomplished? Reducing cost begins with increasing efficiency. Our experts in routing, planning, and transportation operations management will review and evaluate the program to determine how best to blend our own dedicated transportation resources with local providers. This will provide the most cost effective and efficient combination of trip allocation. MTM constantly seeks the most cost effective and efficient subcontracted transportation providers to keep costs low and maintain competitiveness. We also heavily invest in our technology to automate processes and reduce staff time, allowing lower costs. Finally, we are able to leverage our experience over a multitude of service platforms which enables us to provide significant value for every client at a lower cost. With MTM, you get the most out of your transportation dollars.

Increased Quality

Your customers will receive better customer service from MTM staff because of the oversight and commitment we provide to achieving 95% or higher satisfaction. MTM has a separate Quality Management Department with an overseeing committee and formal Quality Management Program. We aim to be the highest quality, most transparent company in our industry, so we regularly audit our own performance and compliance to standards. Our training requirements on customer service standards for both drivers and Customer Service Representatives is intensive and provides a solid foundation before they ever come in contact with a customer.

In addition to our strong commitment to customer service, we provide higher quality in various other ways. MTM offers advanced reporting on a variety of program data, a unique Care Management Department based on the Managed Care Model to help case manage your customers with recurring and special needs trips, and cutting edge internet tools like trip scheduling and on-demand reporting. MTM will provide HCJFS with specific trip data that will include total trip miles, average trip length, and on-time performance. We want to provide specific metrics that will allow us to be objectively evaluated so that HCJFS can be assured we are providing efficient, cost effective and customer friendly transportation services.

Operational Plan

MTM began as strictly a manager of transportation, but we have since formed a transportation operations company, Ride Right, LLC, to meet the needs of those clients who desire dedicated vehicles. Many industry experts were brought in to begin this new and exciting company which paired transportation operations expertise with oversight and management expertise. High level Executive staff joined MTM from companies such as MV Transportation, Laidlaw Transit, First Transit, and others. Ride Right was founded by MTM owners and officers and is an affiliate company. We share many of the same corporate officers and Ride Right receives corporate and financial support from MTM. They act as MTM's operational arm in contracts such as this. For clarity and ease of evaluation, we will speak throughout the proposal as merely MTM since the companies operate in tandem and MTM is the founding company that will be responsible for the entire operation.

Experience

MTM has managed transportation programs for over 13 years. We are in 26 states and the District of Columbia, provide 3.5 million trips per year to 1.8 million people, and field 1.5 million calls. We will provide nationally recognized expertise with a strong local management presence for the best program possible. Let us lower cost and increase quality for Hamilton County as we have done throughout the country.

Section 2.2.1 Program Components

1. Describe how you will be providing the service identified in Section 1.2 Scope of Service. Include details about the type of vehicles to be utilized and number of staff that will be necessary, for example drivers, administrative staff.

MTM proposes to provide transportation to all program customers, including Traditional Non-Emergency Transportation (NET) customers, Children's Services customers, and Pregnancy Related Services/Healthcheck customers. This service will be provided in full adherence to the requirements of this RFP as well as local, State, and Federal regulations. We will coordinate all transportation requests and provide oversight and monitoring to ensure timely, high quality service.

MTM sub-contractor agreements require that vehicles used be no more than 10 years of age. MTM will monitor, the maintenance and cleanliness of the vehicles to ensure that only the most reliable and comfortable fleet vehicles are used to transport HCJFS customers MTM will also seek to implement hybrid or alternative fuel vehicles where appropriate and cost effective and encourage any subcontracted providers to do the same in line with Hamilton County's Go Green Challenge.. Additional vehicles will also be included to account for peak periods and any unforeseen delays or breakdowns. MTM will operate a portion of these additional protection or cover vehicles ourselves, through our affiliate Ride Right, LLC. We will station these additional vehicles throughout the service area at major trip generators such as dialysis units, Alzheimer's facilities, and adult day care centers to quickly respond to any service issues.

Further, Ride Right will perform on-street monitoring and road supervisor functions to help us evaluate the performance of our subcontractors. To what extent MTM operates our own transportation or subcontracts will be determined by the cost effectiveness and quality of service provided in different areas or to different segments of your customers. MTM's ultimate goal is to increase the efficiency and cost effectiveness of your program while upholding strict quality standards. We will seek the mix of subcontracted providers and ourselves to ensure that HCJFS goals

of 75 minute maximum travel times and 20 minute return ride request response times are met. MTM will ensure that all customers are notified when their vehicle is in route and will give the customer an estimated time of arrival for pick-up.

We will ensure an appropriate number of drivers, dispatchers, mechanics, road supervisors, and administrative staff to provide the best possible end user experience and program efficiency. MTM will ensure this for Ride Right and require any subcontractor to demonstrate qualified staffing and effectiveness before suggesting them to HCJFS for approval. Our own internal administrative staffing will be as follows:

Position Title	Allocated Staff
Program Director	1
Customer Service Representative	1
Care Management	2
Quality Management	1
Billings and Reconciliation	3
Transportation Network Management Staff	1
Field Operations Staff	5

Drivers, dispatchers, monitors, and other transportation operations staff are not included on this table as they are not part of our budgeted staffing. Rather, they are included as part of the Purchased Transportation in the budget line item Travel. MTM will have a comprehensive operations staff in place, but their cost is contained within our subcontractor budget, not our staffing plan. Job descriptions for all listed staff can be found in Attachment A.

In addition to this staff, HCJFS will benefit from our experienced Executive team which will provide leadership of this contract. Resumes for these individuals can be found in **Section 2.5**. Included among the leadership team is Patrick McNiff, who will serve as the interim Program Director (General Manager) until a highly qualified local candidate can be found. Patrick will be on site during implementation to ensure a smooth and successful transition. Patrick has over 20 years experience managing

transportation operations across 12 states. He is highly experienced in increasing efficiency, fleet management, ensuring regulatory compliance, creating innovative solutions, and strong customer service focus.

A detailed description of other key staff is provided in Section 2.5 Personnel Qualifications.

Meeting the Requirements of RFP Section 1.2

MTM agrees to meet and exceed all requirements listed in Section 1.2 and throughout the RFP, including required wait times and no-show procedures, media responses, respect and patience with customers, only transporting to designated locations, receiving authorizations from HCJFS, and keeping daily attendance sheets.

For Children's Services, MTM will ensure that the appropriate number of monitors are present and that there is an unbroken chain of command from monitor to pre-authorized adult or provider and vice versa. No child will be left unattended. We have described many of the procedures to meet the requirements of Section 1.2 throughout our proposal, but would like to highlight a few additional points.

One area which seemed to be of particular concern to HCJFS was the treatment of customers. MTM understands the importance of this and stresses it in all our contracts. In 2007, we even adopted a modified version of the Culturally and Linguistically Appropriate Services standards regarding the treatment of and interaction with a diverse population. This diversity could be cultural, a language barrier, or a cognitive or physical disability. In any case, MTM treats all customers with the same level of high quality service. We train our staff to understand these differences, understand the population they will work with, and how to provide the best possible service. This training and emphasis is important for customer service staff and especially important for drivers. We will make this a special priority and treat all customers with the same level of respect and dignity with which we would like to

be treated. This commitment is evidenced by our consistently low complaint rate. In 2008, MTM's complaint rate was only 0.44%, well under the standard accepted threshold of 3%.

2. Describe the population you serve and Vendor's history and experience. Please state your competitive advantage and ability to meet the terms, conditions and requirements defined in this RFP.

What difference will you experience with MTM?

Hamilton County will notice many differences between the typical transportation provider who responds to this RFP and MTM. Since MTM is larger than a local transportation provider, we are able to better invest in our staff, technology, and processes. You will receive nationally recognized Best Practice management in Hamilton County.

Staff

Our leadership team has backgrounds in both healthcare and transportation. We understand the particular needs that are faced when transporting to healthcare appointments. The resumes of these individuals, provided in **Section 2.5**, will show their expertise, high level of education, and in-depth experience with health and human service organizations, health plans, hospital systems, and transportation operations. No one else provides this level of expertise in healthcare related transportation.

Technology

MTM has and continues to invest heavily in technology. We operate six state of the art customer service centers, we have a custom built, proprietary NET Management System that facilitates everything we do, and we have internet tools such as online trip entry, an online transportation provider database, and online custom reporting for ad-hoc reports. Finally, our systems are backed by a liquid petroleum generator to maintain power in case of unforeseen circumstances.

Processes

Our processes have twice been noted by the Community Transportation Association of America as Industry Best Practice. We bring unique processes to the table, which will help increase your efficiency and perhaps even save you money in other areas. Numerous studies show the link between regular preventive care and overall healthcare costs. MTM not only provides access to that care, but can help you monitor it. We have processes in place for critical trips, such as dialysis or high risk pregnancies in which regular attendance and adherence to a physician's protocols is essential. If not followed, this can lead to significant increases in healthcare costs. As an extra benefit, MTM has specially trained Care Managers overseen by clinical staff that closely monitors no-shows to these and other important appointments and will alert the appropriate case manager of any negative trend. Our Care Management Department was the first of its kind in the industry and provides assistance in case managing your customers that can be most costly or for whom healthcare is most critical.

History and Experience

MTM has served the medically fragile, economically disenfranchised, and other disadvantaged populations for over 13 years. We seek to remove transportation barriers and increase access to healthcare in a fiscally and socially responsible way. The majority of individuals served are Medicaid recipients, but MTM also serves individuals receiving Medicare and other social services. MTM began as a small, family-owned and operated company providing service to a few health plans in Missouri in 1995. We then created the first statewide Medicaid transportation program for Missouri in 1997. Today, we are still family-owned and operated and conduct over 3.5 million trips per year in 26 states and the District of Columbia.

Going Green

Hamilton County has issued a Go Green Challenge and MTM supports that in a number of ways, making us a great partner for HCJFS with similar principles. This challenge stresses, among other things, reducing waste of resources. MTM will seek to implement hybrid or alternative fuel vehicles if cost effective and we also provide a strong focus on drastically reducing paper usage and waste. This includes the many processes we have moved to electronic means. Most of our Human Resources processes, training, newsletters, faxes, billing and numerous other functions are handled electronically. We are also exploring electronic signature capture tools which would eliminate considerable paper waste in daily signature forms. These are just a few ways MTM promotes going green and we continually seek more opportunities.

3. Describe how you will provide a toll free telephone number accessible twenty-four (24) hours per day, seven (7) days per week, for HCJFS approved Medicaid customers to call and personnel to answer the toll free telephone number.

Hamilton County customers will receive service toll free from live personnel available 24 hours per day, seven days per week, including holidays. This service will be provided by our Missouri Customer Service Center. Appropriate staffing will be in place to uphold our customer service quality metrics.

Customer Service Metrics

MTM upholds the customer service metrics prescribed by the National Committee for Quality Assurance regarding phone service, including:

- 30 seconds average speed to answer by a live voice
- Less than 5% abandonment rate
- 95% customer satisfaction

This staff will be available to handle general inquiries, find the status of a ride, resolve issues, and generally be available to meet HCJFS customers' needs. We handle over 1.5 million calls per year and are very familiar with providing high quality customer service over the phone.

4. Describe how you will coordinate all transports in a manner that will be most cost efficient while addressing the child(ren)'s medical, physical, custodial, psychiatric and timeliness needs.

When an authorized trip request is received from HCJFS, MTM will determine all pertinent information. This includes any special physical or cognitive needs for any preparation to be made. We also determine the number of passengers, their ages, and whether a guardian or attendant will be riding along. All of this information is gathered in our system and trip manifests are created out of those electronic files containing all pertinent information. This allows the appropriate vehicle to be dispatched and the driver to be prepared.

Drivers will be required to contact MTM if running behind or a vehicle is not operating correctly. If that occurs, the trip will be routed to another driver to maintain the on-time performance. Timeliness is a focus of MTM for all trips; however, some trips may require special consideration. MTM will prioritize trips where timeliness is vital to achieving a positive healthcare outcome or addressing a cognitive need.

Children are covered in nearly every contract we operate and we are familiar with the regulations and special needs involved when transporting children. We also have processes in place to ensure timely delivery of services in priority transports, such as to dialysis appointments or for high risk pregnancies.

5. Describe how the Vendor will coordinate and monitor the transportation.

MTM will maintain constant oversight and monitoring of our transportation operations and any subcontracted trips.

We will utilize our Network Representatives along with 5 Field Operations Staff to ensure timely performance that is held to the highest standard of quality. Network Representatives conduct audits of transportation providers to ensure they meet background check, insurance, training, and other requirements. Field Operations Staff perform on-street monitoring and may also be used as cover drivers if a need

arises. We also conduct weekly satisfaction surveys that provide prompt feedback on driver and customer service staff performance. By conducting these surveys weekly, we are able to more quickly address any issues that arise and apply corrective actions.

MTM has a transportation monitoring plan, provided in **Attachment L**, which outlines our processes for ensuring high quality performance. This includes formal credentialing of all drivers and vehicles before beginning service, on-street monitoring, on-time performance monitoring, audits, complaints monitoring, and other steps. As a foundation for service expectations, all transportation providers are also required to sign a service agreement containing our Transportation Provider Guidelines, provided in **Attachment L**. As an addendum to these guidelines, MTM will also attach the specific requirements of this RFP to ensure all requirements are covered under this agreement. Any company providing transportation, including our own Ride Right, will be held to these standards and monitored regularly for compliance. MTM agrees if contacted by the media about this contract to notify the NET Supervisor in lieu of responding immediately to media or other Vendor queries.

6. Describe your policy for handling contacts from the media regarding customer incidents.

MTM understands the negative impact that media can have on a publicly funded program. For that reason, MTM is very cautious for the sake of our clients and ourselves when responding to media inquiries. MTM agrees if contacted by the media about this contract to notify the NET Supervisor in lieu of responding immediately to media or other Vendor queries.

We will defer to and/or coordinate our response with HCJFS. This allows multiple parties to review the response, and greatly decreases the chances of being misrepresented. HCJFS priorities will be considered at all times when dealing with media inquiries.

7. Describe the Vendor plan for communicating non-medical emergencies such as car trouble, accidents, etc. to HCJFS' transportation management, parents, Children's Services and child care facilities.

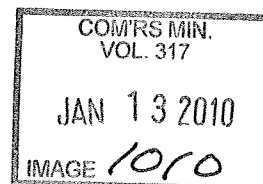
In the case of a delay, all interested parties will be notified as soon as possible. All drivers will be instructed to first report the delay, and circumstances surrounding it, to MTM. The MTM representative will immediately notify the appropriate staff so a new or logistically appropriate "cover" vehicle can be routed to the scene, if necessary. External parties will also be notified in the following order: Parents, when children are involved, the destination facility if they are delayed for an appointment, and HCJFS staff.

MTM has an extensive policy in place for communicating delays or other issues that includes gathering emergency contact information that is used for transporting children in the District of Columbia. This policy is available upon request, but we will defer to the policy of HCJFS regarding transporting children.

8. Describe Vendor's expertise in dealing with people that require great patience at all times and that may lead to unpredictable and crisis-laden situations.

MTM manages over 3.5 million trips per year and we are familiar with the many situations that can arise. Our customer service staff and drivers will be prepared as much as possible to face the unexpected. For example, if the physical or cognitive state of a passenger warrants special notice, then the driver will be aware on their manifest and can take any appropriate precautions. Drivers will be trained in many facets to deal with a variety of situations. Some examples of this training are:

- Cultural and disability sensitivity training
- Transporting passengers with frailties and oxygen tanks
- Loading and securing persons with mobility assist devices
- First aid



- Crisis management
- Blood borne pathogen spill kit
- Emergency procedures

MTM is very familiar with transporting customers that need a great deal of patience. For example, in many contracts we transport Intellectually and Developmentally Disabled (IDD) individuals. For the City of Chesapeake, Virginia, and for the District of Columbia MTM transports IDD customers on a daily basis to work programs and adult day programs.

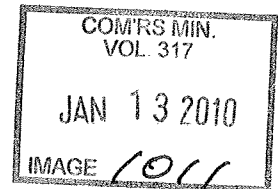
9. Describe how Vendor will handle language barriers.

MTM is committed to removing all barriers to accessing transportation and language can often be one. We have extensive experience dealing with this issue and invest in bilingual staff and external translation resources to prevent language from being an issue. Additionally, if any educational brochures need to be created, MTM can accomplish this if desired by HCJFS and provide Spanish translations, as we have done for numerous clients in the past. See a sample brochure in **Attachment C**.

Recruiting Based on Language Needs

The Customer Service Center employs multi-lingual CSRs. In addition, MTM seeks drivers and subcontracted transportation providers with multi-language capabilities. For less prevalent languages, MTM will use the AT&T language line when fielding calls. The language line is a certified interpreter service that provides interpretation for more than 140 languages and is available 24 hours a day, seven days a week. The person scheduling the trip once received from HCJFS will note the customer's first language in the NET Management System to schedule the trip with a driver who speaks the same language if possible. This increases customer satisfaction and ensures easy communication. In cases where a driver who speaks the same language is not available, the scheduler will take extra precaution to note all special instructions regarding the trip details at the time of the call to reduce the need for difficult communication between passenger and driver.





Meeting the Needs of Hearing or Speech Impaired Customers

Customers with hearing or speech impairment can contact MTM using TTY (Teletype) and TDD (Telecommunications Devices for the Deaf). Through these devices, a relay operator will receive the typed message from a customer. The relay operator will then convey the message to the CSR.

All customers will have equal access to transportation under MTM.

10. Describe Vendor's experience in transporting individuals in wheelchairs.

MTM has been responsible for over 270,000 wheelchair trips in the past 12 months and we are sensitive to all customers' physical needs based on our experience with healthcare. We understand that all customers using wheelchairs that would be assigned to MTM under this contract will be able to transfer out of a collapsible wheelchair. Drivers will be trained to assist passengers with this transfer and to remain sensitive to their needs. For any transportation providers that do not have child restraint devices available, MTM will supply them.

Whether the passenger is ambulatory, or uses crutches, a walker, or a cane, is assessed during the initial call and noted on the trip log. This ensures the driver is prepared to assist the passenger and that an easily accessible vehicle is assigned the trip.

11. Describe how your vehicle(s) is equipped with child restraints in accordance with Children's Services Manual Section 15.01B (**Attachment L**).

Passenger data, including for children, age, height, and weight, will be noted during trip scheduling. This alerts the driver when a child restraint is needed and which type of restraint. This enables MTM to transport the passenger even when the parent or guardian cannot provide a child restraint. All drivers will be trained in all laws related to child restraints to know the criteria for which restraint is appropriate or that all children under the age of 12 must ride in the back seat. Drivers will also be trained in properly securing child restraints.



12. If you plan to subcontract please describe how you plan to use subcontractors in this contract and provide a list of potential subcontractors.

MTM does plan to use subcontractors for a portion of the transportation. As identified in our Executive Summary, our affiliate company, Ride Right, will handle a portion of the trips. MTM will examine where Ride Right can operate most cost effectively and which trips would be better provided by existing local companies. This structure will ensure that the best available transportation option is available for each segment of trips to increase efficiency and decrease cost. Ride Right is the operating affiliate for MTM contracts in which we provide the transportation ourselves. We share Executive officers and provide corporate support for the company. This leaves HCJFS with one point of contact—MTM—that is in charge of the entire operation and relieves your administrative burden.

Thus far, we have letters of intent from three potential subcontractors—Meda Care, Best Medical Transportation Service, and Wheels to Go—and we will continue our recruiting efforts to ensure a sufficient network is in place. These letters of intent are provided in Attachment B. For any remaining gaps in coverage, MTM will implement Ride Right as a transportation provider.

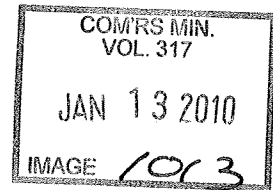
13. Describe how many vehicles have access to and utilize screened vehicles for transportation of customers.

We will ensure that we subcontract with transportation providers that have screened vehicles and schedule trips requiring this level of service with the appropriate provider.

14. Describe how you plan to maintain daily records on attendance sheets verifying that service was provided. Please attach a sample of the form.

All drivers will use daily sheets that the customer must sign for each trip leg which capture:

- vendor name (or driver),
- Whether it is urgent



- identifying trip number from our system
- Trip type and cost
- Identifying customer information
- Any additional passengers and their information
- Number and type of car seats required
- Special Instructions – wheelchair, crutches, walker, cane, etc.
- Whether an attendant is required
- Pick-up and drop-off times and addresses
- Appointment time
- Confidentiality statement

A sample form is provided in **Attachment D**. MTM can continue to use our existing form, modify the existing form to match all HCJFS fields, or utilize the sample form provided by HCJFS in Attachment J to the RFP.

MTM is also considering electronic signature capture tools that would contain all pertinent information. This could then be stored electronically, reducing paper usage and waste, to support Hamilton County's Go Green Challenge.

15. Describe in detail your training policy for drivers, dispatchers, etc. REFERENCE Section 1.2.5 Employee Qualifications, #4 Employees Operating A Vehicle.

Driver Training

Driver training requirements are outlined in MTM's Transportation Provider Guidelines, provided in **Attachment L**. All drivers must have current instruction in the following areas:

Defensive Driving: A course which is a nationally recognized safety program.

Passenger Sensitivity training: We teach our drivers positive behavior towards passengers, as well as positive work attitudes. Trainees are taught proper methods in



handling various passenger issues. We develop a driver's awareness to understand that they inherently have the basic skills required to create good passenger relations. Drivers learn the key is showing courtesy and respect to every person with whom they come in contact.

Passenger Incidents: We instruct our drivers to effectively address conflicts or problems that may arise. We specifically address four categories of passenger incidents.

1. Passenger issues including smoking in the vehicle
2. Abusive and harassing passengers
3. Passenger illness or injury
4. Vehicle damage such as vandalism

Behind the wheel Training: The trainee also learns proper loading and unloading procedures, child restraint procedures, paperwork requirements, and service area characteristics.

Cadetting: As a final step prior to being certified to provide service, the new driver completes their training with an experienced driver. Cadet training serves as a training reinforcement tool and is a transition from the training environment to the real world of operations.

Credentialing

Prior to being approved for service, all drivers must pass a rigorous credentialing process. This includes, but is not limited to, checking the driver's license, driving record, conducting a criminal background check, passing a drug test, and completing all proper training.

Dispatcher Training

Dispatchers will receive hands-on training on using routing and dispatch tools, routing effectively, and monitoring the performance of drivers and routes throughout the day.

They will also be trained on emergency and incident response procedures since they will be the first point of contact for drivers.

Customer Service Staff Training

All customer service center staff receive classroom, hands-on, and side-by-side training prior to taking live calls from customers. Typical, training includes the following elements:

- MTM corporate policies and procedures, including attendance and disciplinary actions
- MTM 101 – background on the industry and medical/human services terminology
- Specific contract requirements and MTM policies and procedures through the departmental manuals
- NET Management System
- Cisco CallManager ACD telephony system
- Confidentiality and HIPAA compliance
- Cultural diversity and sensitivity
- Customer service soft skills and professionalism, especially important when responding to a challenging call
- Active listening, documentation, and restating the trip details before concluding the call

Innovative Training

As a practical means of helping CSRs fully understand the services MTM provides, we recently arranged for Minnesota CSRs to receive transportation to work or to a medical appointment using one of our transportation providers. The trips were arranged without cost to our client and without the transportation provider knowing it was an MTM employee in their vehicle. The training exercise was a resounding success. CSRs learned empathy for the passengers we serve, and transportation

providers learned the importance of providing quality service on every trip. At MTM, we want CSRs and transportation providers to live out our motto, "Every Trip is Important," and to handle each call or trip as if they were working with a member of their own family.

16. Describe the internet access and secure ftp client that will be utilized.

MTM has secure internet access and ftp client that conforms to industry standards. Features include https, user ID and password login, and 128-bit encryption. We also feature secure socket layers using:

- IB Digital Certificate Manager
- IBM Cryptographic Service Provider
- IBM iSeries Operating system security
- Berlin-Wheelers application administration system

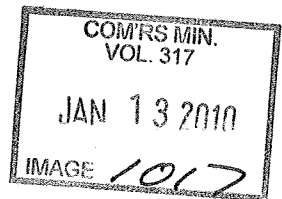
In layman's terms, rest assured MTM is fully prepared to arrange secure transfers of information using our internet access and ftp client.

17. Provide a file layout/description of the Monthly Billing Detail file that will be delivered.

MTM has provided a sample monthly billing detail file in **Attachment E**. This file is essentially a pared down version of the complete detail file to show all trips for which claims are being submitted. Fields include unique trip number, appointment date, first and last name, trip completion status, trip legs and type, vehicle, total trip cost, and vendor.

18. State how you are you able to provide all electronically submitted reports in Excel version XP or 2007 format.

All reports are drawn directly from our NET Management System. The raw data is submitted to a database and can from there be exported to Excel version XP. This would not be a new process for MTM, as many of our detail reports are already kept



in Excel version XP format. Once in Excel, they can be submitted electronically through our own password protected ftp client or one operated by HCJFS.

In addition to the detail reports submitted in Excel, as required, MTM also provides two other excellent means of gathering program data: our monthly summary reports and online reporting. The monthly summary reports provide a comprehensive, yet brief look at the program data and how it compares to the previous few quarters to get an idea of where your program is heading. A sample is provided in **Attachment K**. MTM's on-demand reporting is done entirely online and you can securely log in and request custom ad-hoc reports for a variety of data sets. These include, customer name, customer type, date, transportation provider, destination facility, and many other useful fields. The report then arrives in your inbox within a few minutes. A brief demonstration has been provided with the original proposal on CD to show the features of on-demand reporting.

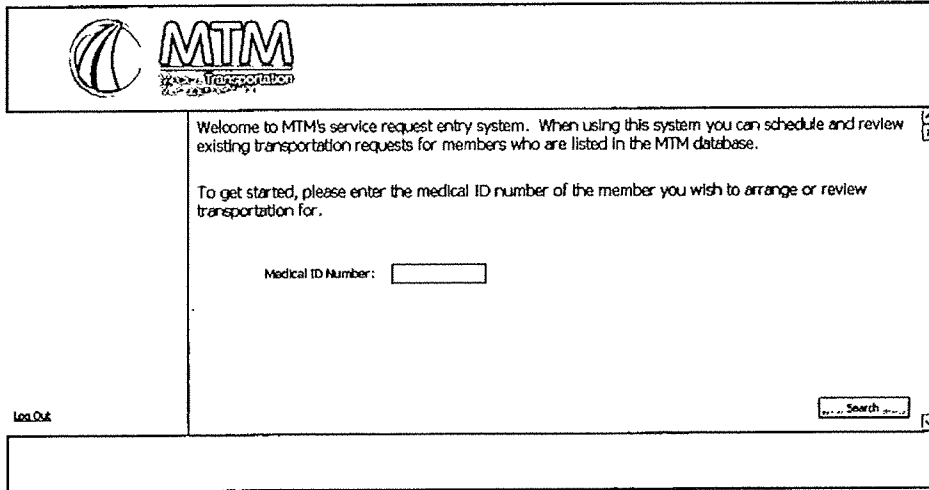
19. Describe your experience, and/or your ability, to maintain the confidentiality of customer information and exchange customer data with HCJFS via secure and encrypted Certified Mail e-mail, per (**Attachment P**).

MTM is familiar with secure and encrypted emails and we use this strategy with some of our current clients. We use Microsoft Outlook as our email client, which can send and receive encrypted emails. Staff that transmit sensitive information are trained on how to use these emails and also receive regular training on Health Insurance Portability and Accountability Act (HIPAA) policy. MTM offers HCJFS the option of emailing trip approvals or you can spend a comparable amount of time and schedule it online. The trip will then be reviewed by MTM for correctness and assigned a transportation provider. This eliminates any waiting time between emailing authorizations and entering the trip into our system. Online trip scheduling offers HCJFS an easy and very cost effective way to approve and schedule trips.



New Online Trip Scheduling

You can ensure all trips are scheduled precisely how you want them with online trip scheduling. This new tool is one of many ways MTM is innovative in our industry. To schedule a trip or review the details of an existing or previous trip, HCJFS will log in to a secure, HIPAA compliant entry system on MTM's website. Your staff simply has to enter the member's Medicaid ID number (or other identifier), as shown in the screen shot below.



The screenshot shows the MTM (Medical Transportation Management, Inc.) service request entry system. At the top left is the MTM logo. The main text area contains a welcome message: "Welcome to MTM's service request entry system. When using this system you can schedule and review existing transportation requests for members who are listed in the MTM database." Below this, it says: "To get started, please enter the medical ID number of the member you wish to arrange or review transportation for." There is a text input field labeled "Medical ID Number:" followed by a small rectangular box. At the bottom left of the form is a "Log Out" link, and at the bottom right is a "Search" button. Below the main form area is a large empty rectangular box.

After entering the Medicaid ID number, you will have an option to schedule a new trip or see previously scheduled trips. As shown in the screen shot below, you can choose any specific trip and view all of the trip details.

MTM
Medical Transportation Management, Inc.

Doe, John

[Back To Member Menu](#)

Below are all the trips MTM currently has scheduled for this member. Clicking the details link will allow you to review the information or cancel the trip. You will only be allowed to review the information or cancel the trip if the trip starts or ends at your facility.


MTM Trip Number	Appointment Date	Appointment Time	Additional Details
XXXX1234567	01/02/2009	09:00	Details
XXXX7654321	01/03/2009	09:00	Details
XXXX8675309	01/05/2009	09:00	Details
XXXX4565321	01/07/2009	09:00	Details
XXXX1234567	01/09/2009	09:00	Details
XXXX9876543	01/12/2009	09:00	Details
XXXX6532187	01/15/2009	09:00	Details
XXXX3459871	01/17/2009	09:00	Details
XXXX9146815	01/22/2009	09:00	Details

[Log Out](#)

Trip scheduling will be provided easily through on-line forms with drop down boxes. The system will be rules-based to uphold your protocols, just as we do with our NET Management System. These forms will facilitate capturing pertinent special needs, such as whether the individual uses a wheelchair, crutches, walker, or cane, whether a child restraint is needed, extra passengers or attendants, and all other information needed to schedule a trip.

JAN 13 2010

IMAGE 1020



Doi, John

Schedule New Transportation
Date and Time / Trip Reason
Pick-Up and Drop-Off
Additional Passengers
Special Needs
Transportation Provider Selection
Confirmation
Review Scheduled Transportation

Select the reason for the trip:
Trip Reason:

Select the trip type:
☐ To Facility Only
☐ To Facility Returning To Pick-Up Address
☐ From Facility Only

Enter the date of the appointment:
 Month: Day: Year:

Enter the time of the appointment:
 Hour: Minute: AM/PM:

Is a return pickup time known or required?
☐ Yes - A return pickup time is required and I know the time
☐ No - A return pickup time is not required or I do not know the return pickup time (The member will still receive a return ride if required, but will be required to contact the transportation provider to arrange a return pickup time)

Enter the return pickup time:
 Hour: Minute: AM/PM:

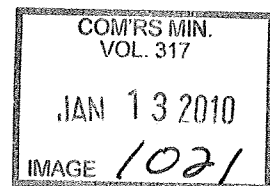
Log Out

With the original proposal, MTM has included a CD containing a brief demonstration of online trip scheduling for your reference.

Focus on Confidentiality

MTM has established policies, procedures and processes to identify and prevent a verbal or written Personal Health Information (PHI) disclosure or disclosure of other sensitive personal information. See **Attachment F** for Policies #446- HIPAA, Reasonable Safeguards, #447- PHI and Other Confidential Information, #449- Electronic Security Standards, and #452 HIPAA Training. In addition, we mandate that any subcontracted transportation providers comply with all state and federal laws regarding confidentiality of covered customer records. Confidential information is restricted to only those with required and authorized access through:

- Training
- Technological Security and Privacy
- Physical Security
- Quality Management Oversight and Audits



Thorough HIPAA Training

All employees receive orientation on the importance of HIPAA compliance. They will sign confidentiality agreements annually, which obligates them to provide safeguards restricting the use or disclosure of information concerning customers for purposes not in compliance with HIPAA mandates. In addition, we provide annual and periodic training on HIPAA compliance.

Internal Audits

MTM's HIPAA audit team consists of representatives from various departments and satellite offices. They attend monthly training meetings on HIPAA related issues. Team members act as watchdogs to ensure MTM complies with all required safeguards.

Internal Safeguards

Employee workstation computers have the software application RightFax, which allows a "fax" to be sent and received directly from their workstation. This software application helps reduce the number of fax transmissions funneled through traditional fax machines and promotes the confidential transmission of sensitive information; see **Attachment F** for Policy #454-Electronic Communications. Additionally, we train employees on appropriate printing practices of PHI. When an employee sends a document containing personal health information to the printer, the employee must pick up the document immediately. Items not picked up immediately will be shredded. Each employee works to maintain HIPAA compliance. Team Leads, managers, and HIPAA surveillance team members provide additional support.

External Safeguards

Occasionally, passengers themselves may disclose or discuss their medical situations with a driver during the course of transport to or from their medical appointment. We instruct drivers that they must not share this information with

anyone except medical professionals or other individuals involved in an actual "need to know" circumstance, such as a medical emergency.

At no time will confidential PHI be given to anyone without the written permission of HCJFS. We would accept full liability in the event of any HIPAA violations. To date, MTM can proudly say that we have never had a liability disclosure.

20. Describe your ability to attend trainings/briefings regarding technical requirements as needed?

Local staff will be available on a regular basis for training and briefings. Corporate leadership staff will be available as needed. The Hamilton County Program Director will be available for monthly update meetings to go over our management reports and as needed for additional meetings with HCJFS or other community stakeholders.

21. Describe and explain your encryption technology to receive and send confidential client information.

MTM's NET Management System, described fully in **Attachment G**, facilitates storing and transmitting confidential, HIPAA compliant information. This is our method of sending encounter data to health plan clients, which needs to meet similar confidentiality requirements as those of HCJFS. We have created our own proprietary file format or we can use HCJFS' preferred file format. Our staff also uses Microsoft Outlook 2003 to facilitate sending and receiving encrypted emails. MTM's secure ftp site, which is also fully capable of storing sensitive information, is described above in Question 16.

22. Describe your ability to have transportation available for customers twenty-four (24) hours, seven (7) days a week regardless of holidays or inclement weather.

Along with 24/7 customer service availability, MTM will also provide 24/7 transportation availability to HCJFS customers. In addition to our own vehicles, we will also ensure our subcontractors operate 24/7. This is one advantage of our proposed model. If MTM's vehicles are not immediately available, there are always

backup options. This offers a great flexibility and ensures constant, comprehensive coverage.

We understand the importance of 24/7 service, including holidays and during inclement weather. Not all customers' schedules will conform to the "typical" workday hours and their needs should be met. For all of MTM's contracts, we provide transportation around the clock and we will continue this important feature for HCJFS.

Section 2.2.2 System and Fiscal Administration Components

A. Contact Information - Provide the address for the Vendor's headquarters and service locations. Include a contact name, address, and phone number.

Alaina Maciá is the Chief Executive Officer of MTM. She is the individual designated within MTM who is officially authorized to negotiate for and contractually bind the company in pursuit of this contract. The following table provides the requested contact information.

MTM Corporate Headquarters 16 Hawk Ridge Drive Lake St. Louis, MO 63367-1829		
Chief Executive Officer	Alaina Maciá	E-mail: amacia@mtm-inc.net Office phone: (888) 561-8747, Ext. 5503 Fax: (636) 561-7917

B. Agency/Company History - Provide a brief history of Agency/Company's organization. Include the Agency/Company mission statement and philosophy of service.

MTM has operated for over 13 years as a successful manager of NET. We currently operate in 26 states and the District of Columbia. As a true pioneer in the transportation management industry, we set the standard for quality performance at realistic pricing. We have watched the industry grow and evolve as each market seeks to provide better service, introduce cost efficiencies, and reduce fraud and abuse of the transportation benefit. Like the industry, MTM has grown and evolved.

JAN 13 2010

IMAGE

1024

We know there must be a balance between applying "tried and true" practices and exploring innovative solutions.

Our mission is to be the premier manager of non-emergency transportation services, providing safe, reliable transportation for our passengers and the best value for our clients. Because of our commitment to quality in all areas of our operation, MTM is pursuing URAC (Utilization Review Accreditation Commission) accreditation.

C. Subcontracts - Submit a letter of intent from each subcontractor indicating their commitment, the service(s) to be provided and three (3) references. All subcontractors must be approved by HCJFS and will be held to the same contract standards as the Agency/Company.

← This requirement is not applicable to our proposal under the clarification provided in Question 4 of Addendum 1 to this RFP. Any subcontractors selected after award will be submitted to HCJFS for approval prior to beginning service.

D. Agency's/Company Primary Business - State the agency's/company's primary line of business, the date established, the number of years of relevant experience, and the number of employees.

MTM was established on June 27, 1995. We have over 13 years of relevant experience conducting non-emergency transportation. Our primary line of business is for Medicaid transportation to medical appointments, though we also conduct transportation for Medicare, children's programs, and other Social/Human Service programs. We manage over 3.5 million trips per year for 1.8 million customers, and field over 1.5 million calls per year. MTM employs 288 staff across six offices.

E. Table of Organization - Clearly distinguish programs, channels of communication and the relationship of the proposed provision of services to the total company.

Organizational charts for MTM are provided in **Attachment A**.

F. Insurance and Worker's Compensation - A current certificate of insurance, current endorsements and Worker's Compensation certificate.

MTM currently maintains the following insurance coverage:

- Hired Non-Owned Auto: \$900,000 Excess of \$10,000 Self Insured Retention (SIR) policy with Catlin Insurance Co. Ltd.;
- Commercial General Liability: \$1.0 Million/\$2.0 Million policy with CNA Insurance Co.;
- Excess/Umbrella Liability: \$10.0 Million policy with CNA Insurance Co.;
- Workers Compensation: Statutory Limits policy with CNA Insurance Co.; includes \$1.0 Million Employer's Liability per person

MTM's basic policy provides \$2 million in coverage, and \$10 Million excess. We essentially offer HCJFS \$12 million of General Liability coverage (\$2 million + \$10 million).

Part of our process of credentialing subcontracted transportation providers is to ensure that all providers have the appropriate level of auto insurance that lists MTM as an additional insured and certificate holder. The required insurance certificates are provided in **Attachment M**.

G. Job Descriptions - For all positions in the program budget.

See **Attachment A** for all Job Descriptions of staff named in our budget.

H. Daily Service/Attendance Form - Include a blank copy of the forms used to record services provided. Information must include: date of service, beginning and end time of service, names of all participants who received service, the type of service received, and name of the driver and monitor.

See **Attachment D** for MTM's daily service verification form used by drivers to obtain passenger signatures (described above in Question 14).

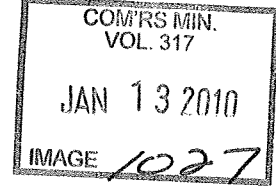
MTM can also offer HCJFS an attendance verification form to be sent to medical facilities to ensure the customer was actually treated. This is an additional level of verification beyond simply knowing whether a ride was given; it allows you to know whether the ride was used appropriately. A sample of this form is provided in **Attachment D**.

I. Program Quality Documents - Attach documents which describe and support program quality. Such documents might be the forms used for monitoring and evaluation or copies of awards received for excellent program quality.

Quality Management Program

We designed the MTM Quality Management Program to ensure the highest quality NET service in the industry. The NET Management System collects, tracks, and trends program data to support quality assurance tracking, including errors. Through MTM's Quality Management Program, we monitor contract-specific performance indicators by department to ensure the highest quality program possible and for continuous quality improvements. We assign each indicator a threshold and monitor for compliance to the threshold. When an indicator exceeds a threshold, we work to identify the root cause and evaluate to determine appropriate action such as a new quality initiative, re-training, a Corrective Action Plan, or reassessment of the indicator's validity. MTM's Quality Management Committee reviews the indicators annually to identify any opportunities for program or process improvements. See **Attachment H** for a copy of our Quality Management Program. Through this program we will conduct satisfaction surveys with the customers, transportation providers, medical providers, and HCJFS.

MTM also uses our monthly summary reports to monitor quality statistics and it provides our clients a snapshot of program trends. These reports focus on providing information instead of simply raw data. While we do provide detail reports, these summary reports compare and trend the current data with the previous quarters and the year to date. They identify customer service performance, trips provided and



where transportation dollars are going, and satisfaction survey results. A sample monthly summary report is provided in **Attachment K**.

J. Agency's/Company's Brochures - A copy of the Agency's/Company's brochures which describe the services being proposed.

See **Attachment I** for all company brochures.

Please provide the following attached only to the original proposal:

Please see Original Binder for Response.

Section 2.3 Budgets and Cost Considerations

MTM is pleased to provide a cost proposal which is reflective of the requirements of the Hamilton County Department of Job and Family Services Non-emergency Transportation (NET) program as indicated in the RFP. The *HCJFS Contract Budget* worksheets for the NET services details MTM's budget and the cost per unit rate for the two year contract period of 2010 and 2011 and the succeeding two year renewal period of 2012 and 2013. It is understood that the unit is defined as a one-way transport.

MTM's pricing proposal has been developed based upon our broad experience in developing and administrating NET contracts for a variety of State, County and Managed Care Organizations. In developing this cost proposal, MTM has relied upon the RFP, responses to questions and the FY2008 trip data to determine the scope and volume of services required. In addition, MTM used its past and current costing information specific to Hamilton County for the development of transportation and administrative cost.

Administrative cost assumptions:

MTM has relied upon the RFP scope of services and the FY2008 trip volume to develop a line item budget for operational and administrative costs. A specific staffing model was used to ensure that all requirements of the RFP are met. The staffing plan allows for the greatest commitment to oversight and quality assurance of our own transportation providers and subcontractors. Other associated costs were derived based upon MTM's internal cost allocation methodology which uses a cost per full time employee (FTE) or a cost per trip allocation.

Transportation cost assumptions:

MTM has used the FY2008 trip volume as a baseline to estimate the cost of transportation for the budget years. Based upon the service requirements identified in the RFP for each program, MTM assumed the members are ambulatory and priced the transportation at the ambulatory transportation mode. MTM anticipates the use of

an affiliated transportation company and a wide network of experienced, well qualified and reliable transportation providers. The cost used in the budget is based upon this network of providers and quoted rates that we have gathered in the area. MTM believes the costs reflected in our budget are realistic and provides the county with the most cost effective transportation alternative.

Overhead and Profit assumptions:

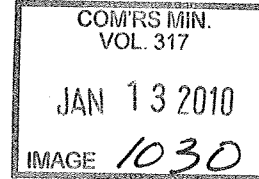
The corporate overhead allocation was based upon a specific internal allocation method based upon a combination of the revenue, expectant trip volume and the personnel cost (FTEs). The corporate overhead includes the cost of the MTM executive and management staff oversight and review of the program, as well as other administrative support functions.

In addition, the initial start-up costs incurred prior to the effective date of the contract are carried as a corporate overhead expense and included in the overhead allocation which is amortized over the full four years of the contract.

The profit margin for this contract is based upon MTM's internal rate of return and targeted not to exceed 6%.

Renewal Period Assumptions:

The renewal period budgets are similar to the base year and inflated by 3%. The exceptions being the Minor Equipment line which is assumed to be purchased and expensed in the initial contract period. No Minor Equipment expense was budgeted in the renewal. Salaries are assumed to increase at 3% each year.



HCJFS CONTRACT BUDGET

CONTRACT # _____

AGENCY: Medical Transportation Management, Inc.

BUDGET PREPARED FOR PERIOD
2010 TO 2011

NAME OF CONTRACT PROGRAM: Non-Emergency Transportation Services

INDICATE NAME OF SERVICE IN APPROPRIATE COLUMN BELOW

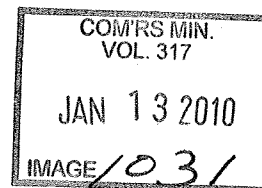
EXPENSES BY PROGRAM SERVICES	Children's Services PROGRAM	Traditional PROGRAM	Pregnancy Related PROGRAM	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
A. STAFF SALARIES	21,671	866,830	12,296	0	0	900,797
B. EMPLOYEE PAYROLL TAXES & BENEFITS	4,990	199,588	2,831	0	0	207,408
C. PROFESSIONAL & CONTRACTED SERVICES	4,158	166,324	2,359	0	0	172,842
D. CONSUMABLE SUPPLIES	738	29,527	419	0	0	30,684
E. OCCUPANCY	2,782	111,261	1,578	0	0	115,620
F. TRAVEL	318,248	12,729,916	180,553	0	0	13,228,717
G. INSURANCE	1,800	72,000	1,021	0	0	74,821
H. EQUIPMENT	1,120	44,795	635	0	0	46,550
I. MISCELLANEOUS	0	0	0	1,297,119	0	1,297,119
J. PROFIT MARGIN	0	0	0	916,283	0	916,283
SUB-TOTAL OF EACH COLUMN	355,506	14,220,241	201,692	2,213,402	0	16,990,841
ALLOCATION OF MGT/INDIRECT COSTS	53,249	2,129,944	30,210	-2,213,402		0
TOTAL PROGRAM EXPENSES	408,755	16,350,184	231,902	0	0	16,990,841

ESTIMATED TOTAL UNITS OF SERVICE

TO BE PROVIDED: 12,000 480,000 6,808 UNIT = 498,808

TOTAL PROGRAM COST/TOTAL UNITS

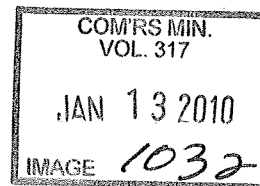
OF SERVICE = UNIT COST: \$34.06 \$34.06 \$34.06 \$34.06



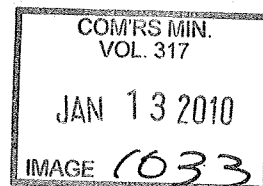
A. STAFF SALARIES - Attach Extra Pages for Staff, if needed.

POSITION TITLE	# STAFF	HRS WK	Annual Cost	Children's Services PROGRAM	Traditional PROGRAM	Pregnancy Related PROGRAM	MGMT INDIRECT	OTHER DIRECT SERVICE	TOTAL EXPENSE
Program Director	1.00	40	78,000	3,753	150,118	2,129			156,000
Customer Service Rep.	1.00	40	22,880	1,101	44,035	625			45,761
Care Managers	2.00	40	59,904	2,882	115,291	1,635			119,808
Quality Service Coordinator	1.00	40	26,000	1,251	50,039	710			52,000
Claims Auditor	0.50	40	13,000	625	25,020	355			26,000
Network Representative	1.00	40	47,814	2,301	92,021	1,305			95,627
Data Analyst	2.50	40	72,800	3,503	140,110	1,988			145,601
Field Operations	5.00	40	130,000	6,255	250,196	3,549			260,000
									0
									0
									0
									0
									0
									0
TOTAL SALARIES	14.00		450,398	21,671	866,830	12,296	0	0	900,797

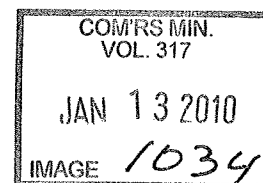
Note: Children's Services Monitor's wage shall be no more than Federal minimum wage.



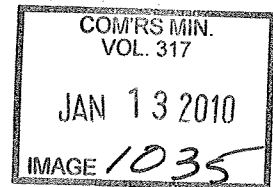
EXPENSES BY PROGRAM SERVICES	Children's Services PROGRAM	Traditional PROGRAM	Pregnancy Related PROGRAM	MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
B. PAYROLL TAXES						
FICA %	1,652	66,096	937			68,686
WORKER'S COMP. %	108	4,334	61			4,504
UNEMPLOYMENT %	325	13,002	184			13,512
BENEFITS						
RETIREMENT	217	8,668	123			9,008
HOSPITAL CARE	2,470	98,819	1,402			102,691
OTHER - Life, Long Term Disability	217	8,668	123			9,008
						0
TOTAL EMPLOYEE PAYROLL TAXES & BENEFITS	4,990	199,588	2,831	0	0	207,408
C. PROFESSIONAL FEES & CONTRACTED SERVICES (Indicate type, function performed, and estimate of use (hours, days, etc.)				MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
Consultant - third party computer services and systems support	3,725	149,003	2,113			154,842
Consultant - programming application support	433	17,321	246			18,000
						0
						0
TOTAL PROFESSIONAL FEES & CONTRACTED SERVICES	4,158	166,324	2,359	0	0	172,842



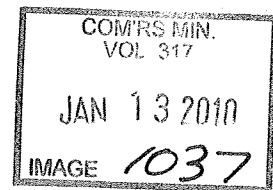
EXPENSES BY PROGRAM SERVICES	Children's Services PROGRAM	Traditional PROGRAM	Pregnancy Related PROGRAM	MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
D.CONSUMABLE SUPPLIES						
OFFICE	438	17,510	248			18,196
CLEANING						0
PROGRAM						0
OTHER - Employee education, training, dues	300	12,017	170			12,488
						0
						0
TOTAL CONSUMABLE SUPPLIES	738	29,527	419	0	0	30,684
E.OCCUPANCY COSTS						
RENTAL @ PER SQ. FT.						0
USAGE ALLOWANCE OF BLDG. OWNED @2% OF ORIG. ACQUISITION COST						0
MAINTENANCE & REPAIRS						0
UTILITIES (MAY BE INCLUDED IN RENT)						0
HEAT & ELECTRICITY WATER						0
TELEPHONE	2,074	82,969	1,177			86,220
OTHER - Data network, Internet connection	707	28,291	401			29,400
						0
						0
TOTAL OCCUPANCY COSTS	2,782	111,261	1,578	0	0	115,620



EXPENSES BY PROGRAM SERVICES	Children's Services PROGRAM	Traditional PROGRAM	Pregnancy Related PROGRAM	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
F. TRAVEL COSTS						
GASOLINE & OIL						0
VEHICLE REPAIR						0
VEHICLE LICENSE						0
VEHICLE INSURANCE						0
OTHER (PARKING)						0
MILEAGE REIMBURSE @ PER MILE						0
CONFERENCES & MEETINGS, ETC.	296	11,836	168			12,300
PURCHASED TRANSPORTATION	317,952	12,718,080	180,385			13,216,417
TOTAL TRAVEL COSTS	318,248	12,729,916	180,553	0	0	13,228,717
G. INSURANCE COSTS						
LIABILITY- BUSINESS - AUTO	1,800	72,000	1,021			74,821
PROPERTY						0
ACCIDENT						0
OTHER						0
TOTAL INSURANCE COSTS	1,800	72,000	1,021	0	0	74,821



EXPENSES BY PROGRAM SERVICES	Children's Services PROGRAM	Traditional PROGRAM	Pregnancy Related PROGRAM	MGMT INDIRECT	OTHER DIRECT SERV	TOTAL EXPENSE
H.EQUIPMENT COSTS						
SMALL EQUIPMENT (items costing under \$5,000.00, which are to be purchased during budget period should be listed)						0
PC for new employees - \$3,325 per FTE	1,120	44,795	635			46,550
						0
						0
TOTAL SMALL EQUIPMENT COSTS	1,120	44,795	635	0	0	46,550
EQUIPMENT MAINTENANCE & REPAIR (DETAIL)						0
						0
						0
						0
TOTAL EQUIPMENT & REPAIR	0	0	0	0	0	0
EQUIPMENT LEASE COSTS (DETAIL)						
						0
						0
						0
TOTAL LEASE COSTS	0	0	0	0	0	0
TOTAL COST DEPRECIATION OF LARGE EQUIPMENT ITEMS (detail on page 7)						0
TOTAL EQUIPMENT COSTS	1,120	44,795	635	0	0	46,550

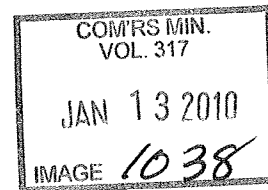


EXPENSES BY PROGRAM SERVICES	<i>Children's Services</i> PROGRAM	<i>Traditional</i> PROGRAM	<i>Pregnancy</i> <i>Related</i> PROGRAM	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
I. MISCELLANEOUS COSTS						
Corporate overhead allocation				1,297,119		1,297,119
						0
						0
						0
TOTAL MISCELLANEOUS COSTS	0	0	0	1,297,119	0	1,297,119
J. PROFIT MARGIN (For profit entities only)				916,283		916,283
TOTAL OF ALL EXPENSES	355,506	14,220,241	201,692	2,213,402	0	16,990,841

A rationale or basis for the proration of MGMT/INDIRECT Cost must be included which details how the amount charged to this program was determined. Some agencies allocate these types of costs on staff salaries, total personnel costs, total direct program costs, and/or time studies. HCDHS staff are available to discuss the most appropriate basis for the program for which the budget is being prepared, if agency staff are unfamiliar with this process.

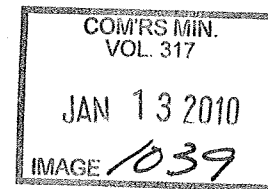
EXPLANATION:

The corporate overhead allocation was based upon a specific internal allocation method based upon a combination of the revenue, expectant trip volume and the personnel cost (FTEs). The corporate overhead includes the cost of the MTM executive and management staff oversight and review of the program, as well as, IT, Human Resource, Finance, Internal Audit, Client Services, Marketing, Legal and Administrative support.



REVENUES BY PROGRAM SERVICES	Children's Services PROGRAM	Traditional PROGRAM	Pregnancy Related PROGRAM	MGMT INDIRECT	OTHER DIRECT SER	TOTAL REVENUES
A. GOVERNMENTAL AGENCY FUNDING (specify agency & type)						
						0
Hamilton County Department of Job and Family Services	408,755	16,350,184	231,902			16,990,841
						0
						0
						0
						0
						0
B. OTHER FUNDING						
FEES FROM CLIENTS						0
CONTRIBUTIONS - (identify all contributions which exceed \$1000.00 by donor and amount)						0
						0
						0
						0
						0
AWARDS & GRANTS						0
						0
OTHER (specify)						0
						0
TOTAL REVENUE	408,755	16,350,184	231,902	0	0	16,990,841

EXPLANATIONS OF ANY ITEMS ABOVE:



HCJFS CONTRACT BUDGET

AGENCY: Medical Transportation Management, Inc.

CONTRACT # _____

NAME OF CONTRACT PROGRAM: Non-Emergency Transportation Services

BUDGET PREPARED FOR PERIOD
2012 TO 2013

INDICATE NAME OF SERVICE IN APPROPRIATE COLUMN BELOW

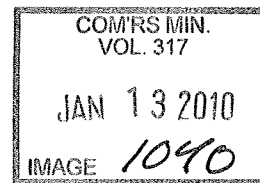
EXPENSES BY PROGRAM SERVICES	Children's Services PROGRAM	Traditional PROGRAM	Pregnancy Related PROGRAM	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
A. STAFF SALARIES	22,971	918,840	13,034	0	0	954,845
B. EMPLOYEE PAYROLL TAXES & BENEFITS	5,139	205,575	2,916	0	0	213,630
C. PROFESSIONAL & CONTRACTED SERVICES	4,283	171,314	2,430	0	0	178,027
D. CONSUMABLE SUPPLIES	760	30,413	431	0	0	31,605
E. OCCUPANCY	2,865	114,599	1,625	0	0	119,089
F. TRAVEL	327,795	13,111,814	185,969	0	0	13,625,578
G. INSURANCE	1,854	74,160	1,052	0	0	77,066
H. EQUIPMENT	0	0	0	0	0	0
I. MISCELLANEOUS	0	0	0	1,336,033	0	1,336,033
J. PROFIT MARGIN	0	0	0	943,771	0	943,771
SUB-TOTAL OF EACH COLUMN	365,668	14,626,714	207,457	2,279,804	0	17,479,644
ALLOCATION OF MGT/INDIRECT COSTS	54,846	2,193,842	31,116	-2,279,804	0	0
TOTAL PROGRAM EXPENSES	420,514	16,820,556	238,573	0	0	17,479,644

ESTIMATED TOTAL UNITS OF SERVICE

TO BE PROVIDED: 12,000 480,000 6,808 UNIT = 498,808

TOTAL PROGRAM COST/TOTAL UNITS

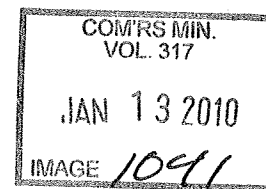
OF SERVICE = UNIT COST: \$35.04 \$35.04 \$35.04 \$35.04



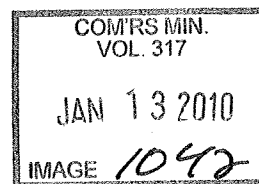
A. STAFF SALARIES - Attach Extra Pages for Staff, if needed.

POSITION TITLE	# STAFF	HRS WK	Annual Cost	Children's Services PROGRAM	Traditional PROGRAM	Pregnancy Related PROGRAM	MGMT INDIRECT	OTHER DIRECT SERVICE	TOTAL EXPENSE
Program Director	1.00	40	82,680	3,978	159,125	2,257			165,360
Customer Service Rep.	1.00	40	24,253	1,167	46,677	663			48,507
Care Managers	2.00	40	63,498	3,055	122,208	1,733			126,996
Quality Service Coordinator	1.00	40	27,560	1,326	53,041	753			55,120
Claims Auditor	0.50	40	13,780	663	26,521	376			27,560
Network Representative	1.00	40	50,683	2,439	97,542	1,383			101,365
Data Analyst	2.50	40	77,168	3,713	148,517	2,107			154,337
Field Operations	5.00	40	137,800	6,630	265,208	3,762			275,600
									0
									0
									0
									0
									0
									0
									0
									0
TOTAL SALARIES			477,422	22,971	918,840	13,034	0	0	954,845

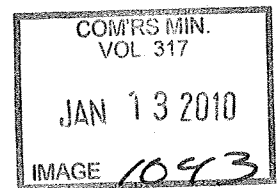
Note: Children's Services Monitor's wage shall be no more than Federal minimum wage.



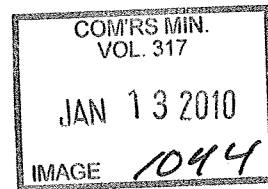
EXPENSES BY PROGRAM SERVICES	Children's Services PROGRAM	Traditional PROGRAM	Pregnancy Related PROGRAM	MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
B. PAYROLL TAXES						
FICA %	1,702	68,079	966			70,746
WORKER'S COMP. %	112	4,464	63			4,639
UNEMPLOYMENT %	335	13,393	190			13,917
BENEFITS	0	0	0			
RETIREMENT	223	8,928	127			9,278
HOSPITAL CARE	2,545	101,783	1,444			105,771
OTHER - Life, Long Term Disability	223	8,928	127			9,278
						0
TOTAL EMPLOYEE PAYROLL TAXES & BENEFITS	5,139	205,575	2,916	0	0	213,630
C. PROFESSIONAL FEES & CONTRACTED SERVICES (Indicate type, function performed, and estimate of use (hours, days, etc.)				MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
Consultant - third party computer services and systems support	3,837	153,473	2,177			159,487
Consultant - programming application support	446	17,841	253			18,540
						0
						0
TOTAL PROFESSIONAL FEES & CONTRACTED SERVICES	4,283	171,314	2,430	0	0	178,027



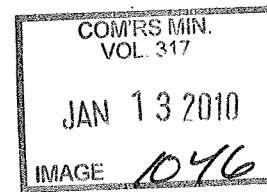
EXPENSES BY PROGRAM SERVICES	Children's Services PROGRAM	Traditional PROGRAM	Pregnancy Related PROGRAM	MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
D.CONSUMABLE SUPPLIES						
OFFICE	451	18,035	256			18,742
CLEANING PROGRAM						0
OTHER - Employee education, training, dues	309	12,378	176			12,863
						0
						0
TOTAL CONSUMABLE SUPPLIES	760	30,413	431	0	0	31,605
E.OCCUPANCY COSTS						
RENTAL @ PER SQ. FT.						0
USAGE ALLOWANCE OF BLDG. OWNED @2% OF ORIG. ACQUISITION COST						0
MAINTENANCE & REPAIRS						0
UTILITIES (MAY BE INCLUDED IN RENT) HEAT & ELECTRICITY WATER						0
TELEPHONE	2,136	85,458	1,212			88,807
OTHER - Data network, Internet connection	729	29,140	413			30,282
						0
						0
TOTAL OCCUPANCY COSTS	2,865	114,599	1,625	0	0	119,089



EXPENSES BY PROGRAM SERVICES	Children's Services PROGRAM	Traditional PROGRAM	Pregnancy Related PROGRAM	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
F.TRAVEL COSTS						
GASOLINE & OIL						0
VEHICLE REPAIR						0
VEHICLE LICENSE						0
VEHICLE INSURANCE						0
OTHER (PARKING)						0
MILEAGE REIMBURSE.@ PER MILE						0
CONFERENCES & MEETINGS, ETC.	305	12,191	173			12,669
PURCHASED TRANSPORTATION	327,491	13,099,622	185,796			13,612,909
TOTAL TRAVEL COSTS	327,795	13,111,814	185,969	0	0	13,625,578
G.INSURANCE COSTS						
LIABILITY-BUSINESS - AUTO	1,854	74,160	1,052			77,066
PROPERTY						0
ACCIDENT						0
OTHER						0
TOTAL INSURANCE COSTS	1,854	74,160	1,052	0	0	77,066



EXPENSES BY PROGRAM SERVICES	<i>Children's Services</i> PROGRAM	<i>Traditional</i> PROGRAM	<i>Pregnancy Related</i> PROGRAM	MGMT INDIRECT	OTHER DIRECT SERV	TOTAL EXPENSE
H.EQUIPMENT COSTS						
SMALL EQUIPMENT (items costing under \$5,000.00, which are to be purchased during budget period should be listed)						0.00
						0.00
						0.00
						0.00
TOTAL SMALL EQUIPMENT COSTS	0.00	0.00	0.00	0.00	0.00	0.00
EQUIPMENT MAINTENANCE & REPAIR (DETAIL)						0.00
						0.00
						0.00
						0.00
TOTAL EQUIPMENT & REPAIR	0.00	0.00	0.00	0.00	0.00	0.00
EQUIPMENT LEASE COSTS (DETAIL)						0.00
						0.00
						0.00
TOTAL LEASE COSTS	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL COST DEPRECIATION OF LARGE EQUIPMENT ITEMS (detail on page 7)						0.00
TOTAL EQUIPMENT COSTS	0.00	0.00	0.00	0.00	0.00	0.00

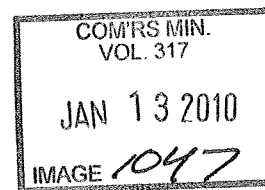


EXPENSES BY PROGRAM SERVICES	Children's Services PROGRAM	Traditional PROGRAM	Pregnancy Related PROGRAM	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
I. MISCELLANEOUS COSTS						
Corporate overhead allocation				1,336,033		1,336,033
						0
						0
						0
						0
TOTAL MISCELLANEOUS COSTS	0	0	0	1,336,033	0	1,336,033
J. PROFIT MARGIN (For profit entities only)				943,771		943,771
TOTAL OF ALL EXPENSES	365,668	14,626,714	207,457	2,279,804	0	17,479,644

A rationale or basis for the proration of MGMT/INDIRECT Cost must be included which details how the amount charged to this program was determined. Some agencies allocate these types of costs on staff salaries, total personnel costs, total direct program costs, and/or time studies. HCDHS staff are available to discuss the most appropriate basis for the program for which the budget is being prepared, if agency staff are unfamiliar with this process.

EXPLANATION:

The corporate overhead allocation was based upon a specific internal allocation method based upon a combination of the revenue, expectant trip volume and the personnel cost (FTEs). The corporate overhead includes the cost of the MTM executive and management staff oversight and review of the program, as well as, IT, Human Resource, Finance, Internal Audit, Client Services, Marketing, Legal and Administrative support.



REVENUES BY PROGRAM SERVICES	<i>Children's Services</i> PROGRAM	<i>Traditional</i> PROGRAM	<i>Pregnancy Related</i> PROGRAM	MGMT INDIRECT	OTHER DIRECT SER	TOTAL REVENUES
A. GOVERNMENTAL AGENCY FUNDING (specify agency & type)						
						0
Hamilton County Department of Job and Family Services	420,514	16,820,556	238,573			17,479,644
						0
						0
						0
						0
						0
B. OTHER FUNDING						
FEES FROM CLIENTS						0
CONTRIBUTIONS - (identify all contributions which exceed \$1000.00 by donor and amount)						0
						0
						0
						0
						0
AWARDS & GRANTS						0
						0
OTHER (specify)						0
						0
TOTAL REVENUE	420,514	16,820,556	238,573	0	0	17,479,644

EXPLANATIONS OF ANY ITEMS ABOVE:

JAN 13 2010

IMAGE

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Section 2.4 Customer References

MTM Client Reference	
Client Name and Nature of Relationship	Name, Job Title and Contact Information of Reference
Orange County Department of Social Services Provide safe and timely non-emergency transportation for nearly 50,000 eligible recipients of the Department of Social Services Orange County, NY. Contract life: 2005 to Present	David Jolly Commissioner Department of Social Services Box Z, Quarry Road Goshen, New York 10924 Phone: (845) 291-4659 Fax: (845) 291-4338
Treasure Coast Kidney Clinic Provide safe and timely non-emergency transportation for dialysis patients in Martin County, Florida. Contract life: January 2009 to Present	Jennifer Murphy, MSW Treasure Coast Kidney Center Fresenius Medical Care 3248 SE Ocean Blvd. Stuart, Florida 34996 Phone: (772) 286-2470 Fax: (772) 223-5829
Managed Health Services (MHS) Provide safe and timely non-emergency transportation for Hoosier Healthwise Medicaid members. Contract life: 1996 to Present	Yolanda Johnson-Morton Director-Member Services and Community Relations 1099 Meridian Street, Suite 400 Indianapolis, Indiana 46204 Phone: (317) 684-9478 Fax: (866) 912-1629

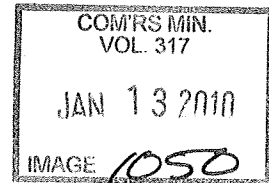
**MTM**
Medical Transportation
Management, Inc.

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COM'RS MIN. VOL. 317	
JAN 13 2010	
IMAGE	1049



Fresenius Medical Care



August 6, 2009

To Hamilton County Job and Family Services,

This letter of reference for Medical Transportation Management, Inc. (MTM). Since MTM began providing transportation services in Martin County, we receive better service in terms of care/quality and on-time performance. The Ride Right drivers go above and beyond to make the clients comfortable. Complaints have dropped from 7-10 per day to zero.

MTM has made my client's transportation reliable and high quality. The difference has made my work day significantly easier. More importantly, by enhancing the network, MTM has helped to ensure that my client's receive the full benefits of their treatments and are not rushed to accommodate a transportation provider's schedule.

Jennifer Murphy, MSW
Jennifer Murphy, MSW
Treasure Coast Kidney Center

Fresenius Medical Services ♦ FMC Dialysis

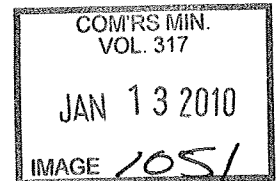
Treasure Coast Kidney Center North 2348 SE Ocean Blvd. Stuart, FL 34996 772-286-2470 Fax: 772-223-5829



Edward A. Diana
County Executive

DEPARTMENT OF SOCIAL SERVICES

David Jolly
Commissioner
Box Z, Quarry Road
Goshen, NY 10924
TEL (845) 291-4000 FAX (845) 291-4338
www.orangecountygov.com



August 10, 2009

RE: MTM Letter of Reference

To Hamilton County Department of Job and Family Services:

This letter is in support of Medical Transportation Management, Inc. (MTM) as a smart business choice to meet transportation program needs of improved on-time performance, enhanced networks, and cost containment. MTM began working with Orange County in January of 2005. We have always been impressed with MTM's ability to effectively manage the costs of the program without sacrificing consumer service delivery. Under MTM's management, our program has increased safety and consumer protections. Their team of capable, responsible transportation professionals has assisted in the reorganization of services without compromising consumer care.

The Orange County Department of Social Services remains pleased with the services offered by MTM. We have achieved our state objectives, including decreasing the average cost per trip, decreasing Out-of-County / State travel, improved efficiency in transportation mode assignment, increase vendor safety and consumer protections. We are pleased to report that we have exceeded our targeted performance measures in the area of cost savings, transportation improvement and service delivery. Our relationship with MTM is the cornerstone of these achievements and because of this; I can readily recommend MTM to Hamilton County Department of Job and Family Services.

Respectfully,

David Jolly
Commissioner



Real Life Solutions for Health Care®
Managed Health Services

1099 N. Meridian Street, Suite 400
Indianapolis, IN 46204
(317) 684-9478
www.managedhealthservices.com

COM'RS MIN.
VOL. 317

JAN 13 2010

IMAGE 1052

January 10, 2008

To Whom It May Concern:

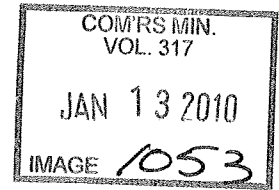
It is my pleasure to provide a letter of recommendation for Medical Transportation Management (MTM). MTM has provided transportation services to MHS Hoosier Healthwise Medicaid members during the past year. We have found MTM staff and services to be dependable and responsive to our needs and the needs of our members. MTM has worked diligently to manage MHS' work processes and was always willing to go the extra mile.

MTM was an asset to MHS members as transportation services is one of our most valuable benefits. I highly recommend MTM to any future employer and encourage your serious consideration for choosing MTM to provide transportation services for your organization.

Sincerely,

Yolanda Johnson-Moton
Director – Member Services
& Community Relations

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Section 2.5 Personnel Qualifications

MTM will operate this contract through the following departments:

- Transportation Operations
- Network Management
- Care Management
- Customer Service
- Quality Management
- Billing and Reconciliation
- Information Technology

For each area of operations we have provided the Executive with oversight and the budgeted positions that would be involved in day-to-day operations. MTM has provided references for each Executive staff member, as well as resumes for those individuals and job descriptions for the budgeted positions. Resumes and Job Descriptions can be found immediately following this section. The specific person who will fill each budgeted position will be determined after contract award.

Transportation Operations

This area deals with the actual provision of transportation to ensure efficiency and quality. Vice President of Paratransit Operations, Patrick McNiff, will oversee this aspect of the program. Staff under his leadership will include:

- Program Director
- Field Operations Staff

Network Management

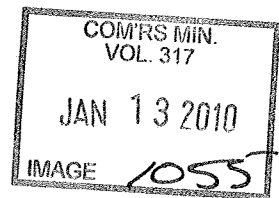
This area deals with managing our subcontracted transportation providers. They oversee compliance to insurance, training, and other standards and field vendor inquiries. Vice President of Network Management and Sales, Tom Sweeney, will oversee this aspect of the program. Staff under his leadership will include:

- Network Management Representative

Care Management

This area deals with trip scheduling and accommodating special needs. They will receive the trip requests from HCJFS and ensure they are scheduled appropriately. Care Managers are specially trained to understand the healthcare needs of customers and are overseen by clinical staff. Vice President of Operations, Elaine Sneed, will oversee this aspect of the program. Staff under her leadership will include:

- Care Manager



Customer Service

This area fields calls from customers or other community stakeholders. Vice President of Operations, Elaine Sneed, will oversee this aspect of the program. Staff under her leadership will include:

- Customer Service Representative

Quality Management

This area ensures quality standards are being met and exceeded and oversees contract compliance. Vice President of Operations, Elaine Sneed, will oversee this aspect of the program. Staff under her leadership will include:

- Quality Service Coordinator

Billing and Reconciliation

This area ensures claims are paid appropriately and in a timely manner. Chief Financial Officer, Gary Richardson, will oversee this aspect of the program. Staff under his leadership will include:

- Claims Auditor

Information Technology

This area focuses on MTM's technology solutions, as well as our secure ftp site and encryption. Director of Information Technology, Jason Ellis, will oversee assisting the transportation operations component with their technology solutions, such as Trapeze, and Vice President of Business Solutions, Alison Whitelaw, will oversee MTM's technology solutions, such as the NET Management System and online tools. Staff under their leadership will include:

- Business Analyst

Other Leadership Staff

Overseeing all operations is MTM's President and CEO, Alaina Macia. She ensures that business deliverables are met, clients are satisfied, and that MTM is continually striving to be the best in the industry.

JAN 13 2010

IMAGE

1052

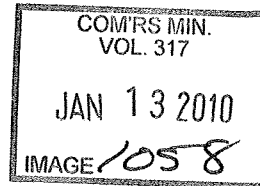
Personal References

MTM Employee	Contact Person	Dates of Service	Scope
Patrick McNiff	John Davenport San Diego, CA Metropolitan Transit System (619) 595-3087	2001 - 2008	Responsible for oversight of transit system consisting of 150 vehicles with over 40,000 passengers per month. On-time performance was over 95%, with zero denials, and cancellations under 10%.
Tom Sweeney	Doug Wright Senior Solutions (864) 332-5372	2007 - Present	Senior Solutions is a subcontracted provider in South Carolina that is overseen by our Network Management Department.
Elaine Sneed	Dr. William Kincaid St. Louis University School of Public Health (314) 780-7635	1993 - 1996	Worked together to develop the Managed Care Medicaid program for the State of Missouri with GenCare.
Gary Richardson	Jesse Savaedra MVT General Manager 626-236-0462	1995- 2007	Worked together on policy and overall direction for program.
Jason Ellis	Leander Kalpaxis TekInsight (347) 983 5036	2002 - 2009	Worked together to develop reconciliation and manifest delivery systems for hundred of taxi companies across 7 counties in Virginia. Also developed online tools for over 20 taxi companies in Hartford, CT.
Alison Whitelaw	David Jolly Orange County DSS (845) 291-4311	2005 - Present	Aligned MTM's technology solutions with the County's technology for seamless and secure exchange of information.
Alaina Macia	David Jolly Orange County DSS (845) 291-4311	2005 - Present	Oversaw reduction in cost and increased satisfaction for Medicaid non-emergency transportation program responsible for over 275,000 trips per year.

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IMAGE 1057

Patrick A. McNiff
Program Director



Patrick will oversee the program as a whole, to ensure that it runs smooth and efficient.

PREVIOUS NET MANAGEMENT EXPERIENCE

CAREER SUMMARY

Medical Transportation Management, Inc., Lake Saint Louis, Missouri, 2009 to Present,
Vice President of Para Transit Operations

- Oversight of MTM's para transit operations.
- Identify new opportunities to expand para transit operations
- Assist in pricing development for para transit contracts
- Identify areas where para transit could be utilized in current or future MTM operations to provide quality, cost effective, and efficient transportation.
- Locate public transit and para transit opportunities that could benefit from MTM expertise in call center management and vehicle operations
- *Develop partnerships with transportation providers to help leverage the synergies of combined operations to best meet the needs of the stakeholders and transit clients.

Laidlaw Transit Services/First Transit, Sherman Oaks, CA, 2001 to 2008, Area General Manager/Regional Vice President

- Managed Laidlaw's largest public transit contract in Orange County California which consisted of over 350 buses and 500 employees
- Managed 33 contracts at 17 operating locations for Laidlaw's public transit division which included para-transit, fixed-route, commuter, university and car rental shuttle operations
- Managed operations and annual budgeting responsibilities in excess of \$50 million
- Oversight of operations, maintenance, marketing, safety, and training
- Managed project personnel, coordinated, and managed all start-up activities
- Assembled management teams and reviewed and helped write proposals for existing and new business opportunities
- Advocated for the company's position at city council meetings, local and state regulatory agencies and transit board meetings

Laidlaw Transit Services, Scottsdale, AZ, 1999 - 2001, Area General Manager

Duties:

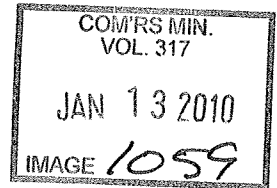
- Managed all aspects of Laidlaw's medical (Safe-Ride Services) and transit projects in several states, including Arizona, New Mexico, Nevada, and Illinois
- Provided oversight of combined annual revenues of more than \$40 million, 400 vehicles, and 700 employees.
- Responsible for service implementations, including contract negotiation, staff hiring, leases, training, maintenance and operations and administrative/billing coordination.
- Major clients included Value Options, AHCCCS, Indian Health Services (IHS) New Mexico Medicaid, and Medicare via HMO Salud, United Healthcare, Blue Cross, Regional Transportation Commission of Las Vegas, City of Phoenix, and City of Tucson

Patrick A. McNiff
Program Director

- Managed all aspects of the operations including labor negotiations, customer relations, and operations management, driver training, vehicle maintenance, safety programs and financial management
- Served as the customer's primary contact for the company and advocated for the company's position with regulatory agencies including AHCCCS, New Mexico Medicaid, and Colorado Medicaid

First Transit, Houston, TX, 1997 - 1999, General Manager

- Managed 200 vehicle countywide para-transit system
- Coordinated the pick-up and delivery of 2,200 disabled, elderly, and Alzheimer passengers per day utilizing 300+ employees.
- Received quarterly recognition for safety, on-time performance, and overall customer satisfaction.
- Managed operations to meet budgeted operational and financial goals
- Negotiated vendor agreements, leases, and contract extensions



Laidlaw Transit Services, Van Nuys, CA, 1991- 1997, Director of Operations

- Provided oversight of 18 of Laidlaw's public and medical transportation operations with annual revenues in excess of \$30 million
- Responsible for marketing, start-up, contractual compliance, system analysis, financial operations, management development, contract negotiations, client liaison, budgeting, billing and implementation of Laidlaw policies and procedures
- Clients included the State of California (Medi-Cal), City of Alhambra, Sunline Transit Agency, City of Burbank, City of Redondo Beach and the City of Los Angeles.

EDUCATION

Business Management and Marketing- Cypress College, Cypress CA
University of California Berkeley Extension- Berkeley, CA
American Public Transit Association, Panelist- Salt Lake City, UT
George Mason University- Transit Leadership Development Program

ADDITIONAL INFORMATION

Pancreatic Cancer Action Network- Volunteer
Gilbert Mercy Hospital- Volunteer
St. Vincent de Paul Society-Member/Volunteer
United Blood Services- Volunteer
Maricopa County Elections Department- Volunteer Marshal

Jason Ellis
Director of Information Technology

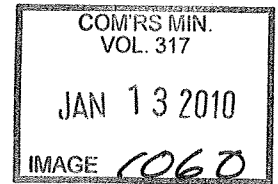
Provides transportation expertise and efficiencies in the system in order to achieve increased productivity and cost reduction through all departments within the organization and our clients.

PREVIOUS NET MANAGEMENT EXPERIENCE

Medical Transportation Management, Inc.

standards established between MTM and the Client.

- Manage development of computer system improvements for projects
- Implement developed computer system improvements
- Work in conjunction with VP of Business Solutions Group to meet all goals and objectives



CAREER SUMMARY

First Transit, West Hartford, CT, 2003 to 2009, Director of Transportation Technology, Transportation Technology Manager

- Responsible for evaluating, planning, managing, and implementing rollout of new transit management software packages throughout division.
- Developed initial First Transit product, a website for transportation contract information
- Integrated and standardized two information technology departments, best practices and corporate purchasing agreements.
- Train new customer service center staff on new technology with an emphasis on efficiency

DynTek, Pulaski, VA, 2002-2003 Transportation Technology Manager

- Responsible for the implementation, training, and management of IT, telephonic, and professional resources that support daily transportation functions.
- Audit, revise, and execute daily procedures and data elements that streamline brokerage functions and reporting need to local and state governments.
- Completed migration of Trapeze PASS
- Developed interactive web interface for trip manifest delivery, reconciliation, and booking

Trapeze Software Group, Scottsdale, AZ, 1999-2002 Technical Products Specialist, Project Manager, Training Manager/Implementation Specialist

- Combined technical expertise of the entire suite of Trapeze products and training focused on end-user, implementation, and trouble shooting
- Efficient resource scheduling and cost management
- Training transportation staff to proficiency on Trapeze Pass
- Accomplished speaker and trainer for wide range of audiences with varied levels of technological savvy.

EDUCATION

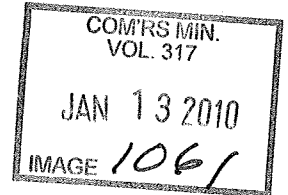
Bachelors of Science in Computer Information Systems, Northern Arizona University, minor in English

ADDITIONAL INFORMATION

21 years experience training people in the use of computers and software
17 years experience with designing software applications and interfacing with databases
11 years experience with Trapeze software applications and systems
10 years experience with SQL: 7.0, 2000, and 2005
6 years experience with StrataGen software application
4 years experience with RouteMatch software application

Thomas Sweeney
Vice President of Contracting

Mr. Sweeney will oversee Network Development and Compliance, ensuring the safest network possible for your participants.



PREVIOUS NET MANAGEMENT EXPERIENCE

New Managed Care Organizations Contracts:

- Networks developed for eight 8 new plans that became effective January 1, 2009
- Networks established in nine 9 new states to cover the geography for the new plans
- Implementation and operation of new plans and placement of trips went smoothly

Washington DC

- Developed a bid process involving over 200 separate transportation providers
- Amended our standard provider guidelines to fit DC's requirements
- Supervised the recruitment and contracting of all providers and answered provider questions
- Oversees motor vehicle registration checks, background checks, and insurance for transportation providers

South Carolina

- Established a provider payment methodology based on capitation rates for each county
- Negotiated all provider rates
- Expanded network to cover additional modes of transportation, such as stretcher van
- Created a seamless system of higher and lower level transportation so that all members were transported in a safe and cost effective mode of transportation

CAREER SUMMARY

Medical Transportation Management, Inc., Lake Saint Louis, Missouri, 2003 to Present Vice President of Contracting

- Oversees and directs all operations and management of transportation provider Network Management and Sales Departments
- Responsible for ensuring the integrity and quality of the MTM Network of Transportation Providers and provider contracting
- Also responsible for all commercial MCO sales and the contracting with new clients
- This role also assesses contract effectiveness for both the providers and the clients

TENET, St. Louis, MO, 1998 to 2003, Director of Managed Care Operations

TENET, St. Louis was a region within the national corporation known as TENET Healthcare Corporation, Inc. The St. Louis region was comprised of five hospitals generating over \$90 million in EBITDA or \$62 million in EBIT annually. Accountable for the analysis, development of rates, negotiation of contracts, implementation of contracts, and management reporting for all managed care activity for all five hospitals.

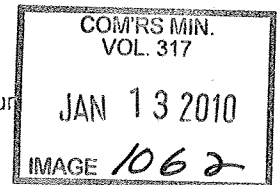
- Renegotiated all major contracts for annual increases double-digit increases for the last two years, net revenue increased 24%

Thomas Sweeney
Vice President of Contracting

- Developed month-end financial management reports for all hospital CEOs and CFOs
- Stop loss protection successfully added to all managed care contracts
- Managed and coordinated the marketing activity of five hospitals for two years in addition to managed care responsibilities. Created new internal newsletters for employees and physicians. Managed public relations during the closing of Compton Heights Hospital and nursing homes affiliated with Forest Park Hospital.

Assisted in the implementation of TENET's software system that loads all contractual components of managed care contracts. Was one of the first two users of the analysis tool of this software that allows "what if" rate scenarios utilizing historic utilization and rates by hospital.

Served as Chairman of the Board for subsidiary Medicaid HMO, Community Care Plus. Settled ownership dispute that had been contentious for five (5) years. The HMO was profitable for the four (4) years of his tenure earning over \$4 million profit in 2002. Achieved clean audits from the independent auditors as well as from the State auditors.



SLUCARE, St. Louis, Missouri, 1995 to 1998, Vice President of Marketing and Managed Care
Overall accountability for managed care contracting for physicians and hospital, network development for affiliated physicians and hospitals, and marketing of SLUCare and numerous multidisciplinary programs and services.

- Accountable for all media advertising (television, print, and radio) with an annual budget in excess of \$2.5 million. Launched successful internal and external campaign for the introduction of SLUCARE. Successfully introduced, via media advertising, several new programs such as Saint Louis University Eye Institute, SLUCARE for Women, The Breast Center, Cosmetic Surgery Center and the centers of excellence for Cardiology, Geriatrics, and Oncology
- Increased the number of managed care contracts and revenue generation. Managed care revenue increased from 27% to 31% of total revenue
- Instrumental in analyzing all demographic and procedural data for the expansion and location of primary care sites and which specialty services to place in the various sites already owned by the university
- Created new department to handle customer inquiries of the physician component of SLUCARE

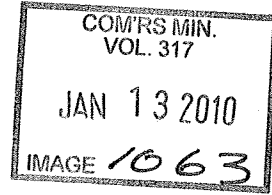
Blue Cross and Blue Shield of Missouri, St. Louis, Missouri, 1986 to 1994, Vice President, Network Management (1993 to 1994). Overall accountability for contracting, reimbursement, provider relations, and health data research.

- Spearheaded the issuance of hospital and physician profiles, providing feedback on a normal basis regarding practice effectiveness, leading to confidence building on the part of our provider partners
- Renegotiated hospital contracts and physician payments, saving \$10-15 million annually
Redefined hospital payment methodology and schedule of physician payments projected to reduce the benefit cost structure of the PPO by 10% on a per member per month basis
- Created the concept for a narrow network product that has become a major product for Alliance

Blue Cross Blue Shield of Missouri, St. Louis, Missouri, 1988 to 1993, Vice President, Transportation Provider & Client Relations. Accountable for transportation provider relations to 102 hospitals, 6,000 physicians, and all ancillary providers. Also responsible for the centralized customer service center.

Thomas Sweeney
Vice President of Contracting

- Managed a major rebid of the PPO network in 1988 and a renegotiation of the hospital network in 1991
- Created new PPO networks for freestanding lab, physical therapy, ambulance and pharmacy
- Restructured organization and workflow of customer service center. The resulting reduction in labor hours (management and staff) created administrative savings of \$250,000/year
- Improved productivity of representatives on phone and in correspondence performance levels for timeliness, accuracy, and quality. Center went from 35th of 72 Plans to seventh (7)th in performance
- Created quality review program, caring call program, employee forum, and employee recognition programs for CSC, as well as after-hours phone unit to enhance customer access



Director of Provider Relations (1986-1987), Vice President, Provider Relations (1987-1988).
Accountability for the hospital and physician provider service unit and provider relations for hospitals, physicians, and all ancillary healthcare providers in 84-county plan area.

EDUCATION

University Of Missouri-St. Louis, Missouri, 1984-1988

- Master of Business Administration Degree, 1988

St. Louis University, St. Louis, Missouri, 1972-1976

- Bachelor of Science Degree, Accounting, 1976

ADDITIONAL INFORMATION

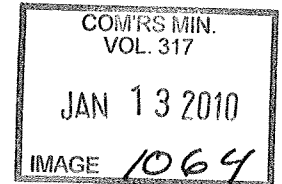
- Member of Healthcare Financial Managers Association, served eight (8) years
- Previous Board Chairman of Community Care Plus
- Previous President of Board for South Side Physician Hospital Organization
- Board Member of St. Margaret of Scotland Housing Corporation
- Board Chairman of Eastern Missouri Development Board for Sudden Infant Death Resources
- Previous Board member of Combined Health Appeals of Greater St. Louis
- Previous Board member of Archbishops Commission on Community Health

Elaine D. Sneed
Vice President of Operations

Elaine oversees customer service and professional compliance to ensure overall customer satisfaction with the program.

CAREER SUMMARY

MedImpact, Inc., St. Louis, Missouri 2003 to 2008, Director, Business Development-Self Insured Segment



- Mentored and coached sales team to achieve and exceed revenue targets, highlighting customer value
- Developed revenue guidelines and managed \$15M in net revenue; included \$6M in direct sales of top TPA account and \$9M in additional team sales
- Managed \$5M dollar operating budget to plan; supported development of commission plan
- Handled individual direct sales to TPA's, private label companies and unions
- Enhanced infrastructure by assessing current processes, analyzing value adds and making recommendations for change/enhancements
- Partnered with variety of internal teams that focused on utilization of customer assessment data to set strategy, building customized customer implementation plans, and growing key accounts
- Developed business plan, client list and launch strategy focused on business coalitions

Healthchecks, St. Louis, Missouri, 2001 to 2003, Director Sales/Managed Care Consultant

- Subject matter expert who developed the pipeline and launched managing care sales campaigns including the marketing approach, pricing strategies, presentation tools and pipeline
- Worked with internal management teams to develop reporting selections and tools, commission structures and infrastructure support for managed care clients and teams

Independent Consulting, St. Louis, Missouri 2000 to 2001

- Provided independent contracting and cost analysis services to a major Blue Cross/Blue Shield East Coast plan, assisting in re-evaluation and reconstruction of pharmacy services.

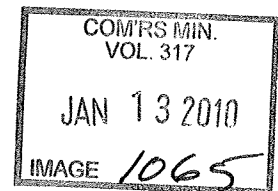
Express Scripts, Inc., St. Louis, Missouri, 1996 to 2000, Vice President, Managed Care Sales

Elaine D. Sneed
Vice President of Operations

- Achieved sales targets of \$35M a year including direct sales responsibility for top key accounts: Blue Cross of California, BCBS of Massachusetts, Coventry Health Plan, BCBS of Missouri
- Developed sales strategy and product approach for managed care sales division
- Developed direct sales campaign encompassing sales strategy, marketing collateral, and focused implementation
- Identified key conference and team participation
- Developed and managed pipeline
- Identified and organized consultant strategy
- Coordinated Sales to Client Services process including development and ongoing improvement of managed care sales presentations and company message
- Team leader in redesigning commission and national market research project

EDUCATION

Bachelors in Health Care Management; Associates in Nursing
Maryville College – St. Louis, Missouri



PROFESSIONAL DEVELOPMENT

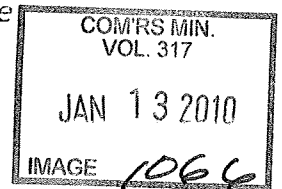
Missouri Prenatal Association and National Prenatal Association
Two organizations geared towards the promotion and protection of women's health care and prevention of premature birth.

Combined Health Appeal
Board Member
Executive Committee Treasurer

HCAA and SIIA

Alison S. Whitelaw
VP, Business Solutions Group

Ms. Whitelaw will guarantee operational efficiency for your participants, resulting in greater customer satisfaction and the most cost-effective program available



Previous NET Experience

Philadelphia

- Adapted system to meet client needs -Philadelphia had a small number of large providers
- Introduced electronic trip downloads, which is now available to all clients
- Implemented a certification program that systematically directs the CSR to the lowest cost, yet appropriate, form of transportation
 - The certification also ensures recipients who need higher modes will receive them by not unnecessarily utilizing those modes with lower Level of Need passengers

Minnesota

- Introduced the ability for our system to accommodate both vehicle mode and level of service, per Minnesota's unique two level system
- Introduced standard processes to ensure quality
- Developed a standard methodology for encounter files

Orange County, New York

- Developing a new Prior Authorization process to be more flexible in accommodating any changes in the client's process

MEDICAL TRANSPORTATION MANAGEMENT, INC, 2004 to Present Director Business Solutions Group, MTM, St. Louis, MO.

- Develops innovative business processes to meet unique client needs
- Analyzes data, identifying trends, and opportunities for process improvement
- Implements continuous improvement to existing business processes.
- Integrates new technology to attain cost savings throughout the transportation supply chain
- Manages the proprietary and third party computer based applications and solutions required to support the Operations Team
- Manages a team of business analysts
- Performs proactive data integrity checks
- Implemented advanced reporting package for better tracking and trending of data

TALX/WOR&CAPE CORPORATION, 1999 to 2004 Client Engagement Manager

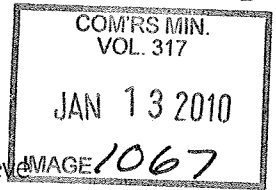
- In an ASP environment, introduced processes that improved quality and schedule performance, increasing the number of clients willing to act as a reference by 200%.

DCCC, 1998 to 1999 Business Analyst

- For a large consulting company developed a flexible process, applicable to multiple applications and platforms, used to conduct independent project audits and risk assessment.

TRIMBLE NAVIGATION, 1996 to 1998 Program Manager

- In a small entrepreneurial company, where the employees were resistant to change, successfully introduced a project management methodology and disciplined engineering processes throughout the software life cycle to achieve cost, schedule and quality targets.
- Prepared and implemented processes compliant with the Software Engineering Institute Capability Maturity Model at Level 3. Coached the software team in process compliance, prior to the ensuing SEI assessment.



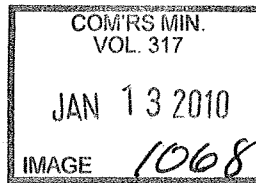
TRIMBLE NAVIGATION, 1981 to 1996 Program Manager, Systems Analyst, Software Developer

- As a supplier to a Fortune 100 corporation, developed innovative solutions to critical management and technical problems that threatened project cancellation. Invited to present these solutions to the US government on behalf of this corporation. Successfully implemented the proposed solutions in a very compressed schedule. Received written commendation for "exceptional contribution, initiative and leadership." Managed a technical team to develop proposals, and negotiate contracts, leading to new business exceeding \$10m. Developed processes compliant with SEI-CMM Level 3.
- In a large manufacturing corporation, managed a software project that exceeded 1,000 man months of cross-functional development effort to completion within the original schedule and budget estimates.
- This included responsibility for some hardware development and all phases of the software development life cycle.

EDUCATION

UNIVERSITY OF STRATHCLYDE,

- MBA, (2000)
- BS, Computer Science(1981)
- PMP Certification (2002)



Alaina Maciá
President and CEO

*Ms. Maciá will ensure smooth implementations leading to cost reductions
and increased transportation availability*

PREVIOUS NET MANAGEMENT EXPERIENCE

Washington DC

- Oversaw implementation of a transportation broker for the first time in the District
- Introduced the utilization of public transportation resources
- Directed the successful start-up and continued operations of a local MTM headquarters

South Carolina

- Reduced a 33% ambulance trip rate prior to MTM management to less than one (1)% while saving 10% program cost, and increasing appropriate mode transports by 25%
- Introduced mileage reimbursement where previously unavailable maintaining a 40% usage
- Maintains beneficiary satisfaction with MTM's Transportation Providers with a rating of 95%
- Maintains beneficiary satisfaction with MTM's customer service with a rating of 94%

Minnesota

- Implemented a new "level of need" process to fit the client's requirements
- Ensured a certification process was in place to accommodate Minnesota's unique program, which increased lower cost trips and decreased higher cost trips
- Coordinated resources to decrease overall cost by 13%, \$5 million annually

Orange County, New York

- Instantly decreased program cost, resulting in cost difference of \$600,000 on a total program budget of \$6 million
- Decreased inefficient ambulance trips by over 10%
- Consistently received high reviews from Commissioner of Orange County Department of Social Services

Arkansas

- Conducted successful implementation in only 12 business days, while increasing the number of available providers
- Lowered trip costs by 33%

Philadelphia County, Pennsylvania

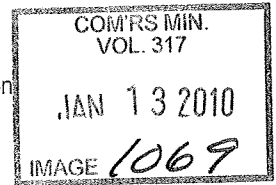
- Implemented the Philadelphia County program in 21 days
- Reduced trip costs 20%
- Exceeded Philadelphia's Department of Public Welfare's goal of maximizing their public transportation resources
- Applied protocols which moved 50% of Department of Public Welfare's 431,000 recipients to public transportation with relative ease

CAREER SUMMARY

Medical Transportation Management, Inc., Lake Saint Louis, Missouri, 2003 to Present President and Chief Executive Officer (CEO)

Executive oversight of all MTM operations including: operations, technology, sales and marketing, human resources, legal, finance, and accounting. Sets and directs corporate strategy with direct oversight from Board of Directors.

- Analyzes and streamlines current operational processes to enhance efficiency and scalability of operations
- Successfully established new operations for the States of Arkansas, and Minnesota, South Carolina, Washington D.C., the Counties of Orange, Allegany, and Greene, New York, Martin County, Florida, and Philadelphia County, Pennsylvania. Additionally, assisted in the expansion and the start-up of several Managed Care contracts
- Consolidated operations from two locations into one new state-of-the-art corporate headquarters with a new Customer Service Center utilizing a voice over internet protocol telephone system Revamped sales and marketing resulting in increased sales and revenue
- Furthered focus on technology solutions and streamlined operations to reduce costs and increase customer satisfaction



Maritz, Inc., St. Louis, Missouri, 2002 to 2003, Marketing Strategist, Corporate Strategy, and Marketing Leadership Development Program

- Led a taskforce to complete a thorough assessment of Maritz' market positioning relative to the pharmaceutical market, based on product portfolio, market needs, and reputation in the sector
- Recommended and implemented the reorganization of a portion of the direct sales force to focus entirely on developing the pharmaceutical sector to establish ownership, exploit expertise, and increase coordination around the sector

Mallinckrodt Institute Of Radiology, Washington University Medical School, St. Louis, Missouri, 2001 to 2002, Research Engineer

- Maintained and programmed Zymark and Hudson robotic arms for the routine production of radiopharmaceuticals used for medical research and clinical practices
- Developed new automation program using Visual Basic computer software for radioactive decay analysis, resulting in a 30% reduction in production costs
- Designed and built automated radiopharmaceutical processing unit, decreasing radiation exposure to technicians
- Researched the need for \$3 million clinical cyclotron and reviewed proposals from GE, EBCO and IBA and made recommendations based on benefit cost analysis and profitability forecasting

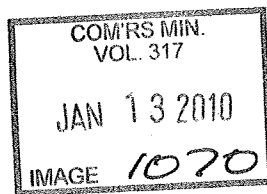
EDUCATION

Olin School Of Business, Washington University, St. Louis, Missouri, 2000 to 2002

Master of Business Administration, May 2002. Emphasis in corporate strategy and finance.

- Member of Delta Gamma Sigma (top 20% of class)
- Selected for Washington University's Monsanto Corporate Finance/Strategy Practicum: Recommended corporate financial strategy after Pharmacia's divestiture of Monsanto

School Of Engineering And Applied Science, Washington University, St. Louis, Missouri, 1994 to 1998

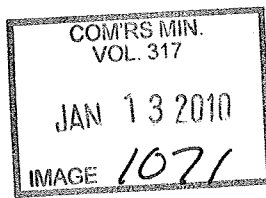


Alaina Maciá
President and CEO

- Bachelor of Science in Biological Engineering, emphasis in Environmental Engineering, December 1998
- Missouri Bright Flight Scholarship and Academic Scholarship to Washington University

ADDITIONAL INFORMATION

- Nominated and accepted by the United States Naval Academy (declined)
- Fluent in Spanish
- Recipient of St. Louis Business Journal's Thirty Under Thirty Award, July 2004



Gary Richardson
Chief Financial Officer CFO

Innovative and practical senior financial executive who supports rapid and profitable growth through developing financial infrastructures

PREVIOUS NET MANAGEMENT EXPERIENCE

California Medi-Cal

- Analyzed contract results and developed action plans to restore profitability, which included deployment of trapeze to improve routing of trips
- Joined company with significant Medi-cal billing issues and brought in new staff and brought billing current

CAREER SUMMARY

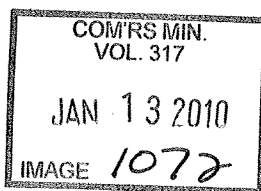
Mv Transportation, Fairfield, California, 1999 to 2008, Chief Financial Officer (55 direct / indirect staff)

\$550M private transportation company. Nation's largest provider of paratransit services. Operates 6K vehicles, employs 11K people, and transports people with more than 135M miles annually.

- Built financial process infrastructure and provided financial capital necessary to grow business from one state with \$27M in revenue to 25 states with \$550M in revenue. Implemented ERP solution in 6 months and within budget. Established systems which allowed company to successfully grow from 12 contracts to 180 contracts
- Ensured adequate financing for substantial organic growth. Reduced funded debt and standby letters of credit by forming insurance captive in the Cayman Islands
- Received "Bridge Builder" awards given by General Managers of the company two (2) years out of four (4). Recognized as executive with greatest ability to bridge relationships between corporate support and the field
- San Francisco Times, 2006 Bay Area CFO of the Year, Runner-Up

Directed all financial aspects of parent company and seven (7) subsidiaries with 180 clients consisting of cities, counties and transportation authorities. Directed areas such as finance, accounting, billing, receivables, accounts payable, payroll, internal audit, and leasing.

- Cash Flow: Formed insurance captive with formation of subsidiary Cayman Island insurance company. Generated positive cash flows through tax deferrals of \$4.5M during 4 years of 2004 – 2007. Served as CFO and Board Member for the insurance company. Effectively hedged volatility in fuel costs through purchase of fuel futures contracts
- Financing: Expanded bank credit line from \$15M to \$85M through a series of expansions to match company's explosive growth Negotiated \$15M of coupon-only mezzanine debt
- Systems Conversion: Led Lawson ERP project from selection process to full implementation, on budget and within planned 6-month time frame. Brought payroll in-house to greatly reduce costs
- Turnaround: Developed scorecard system to benchmark performance of operating locations. Diagnosed problems and developed action plans to improve key financial indicators for struggling locations
- Tax Savings: Led reorganization of consolidated legal entities from one (1) company to eight (8) to implement numerous tax saving strategies, including establishing successful insurance and leasing company. Led effort to recover employee tax credits expected to generate \$1.2M per year



Gary Richardson
Chief Financial Officer CFO

- Segment Acquisitions: Performed due diligence and integration of new business segments. Created new segment by purchasing a company for \$2M in 2002. Sold the segment for \$16M in 2007
- Contract Negotiations: Participated in all bid model reviews for contracts in excess of \$500K annual revenue. Priced and negotiated numerous profitable lease transactions with clients. Worked with EVP Risk Manager to negotiate complex insurance renewals. Restructured contractual arrangements with clients
- Internal Audit: Corporate liaison to Board Audit Committee. Launched new internal audit department. Changed internal procedures and satisfied client following \$75K fare box theft
- Reorganization: One (1) of three (3) executives accountable to establish successful shared services center which handled back office transactional work at company-owned facility in Iowa
- Staff Management: Recruited and trained numerous people, of which many received customer service awards and internal promotions. Developed and conducted professional training classes. Guided new managers to turn around customer service issues in payroll and accounts payable departments

Laidlaw Transit Services, Inc., Denver, Colorado, 1995 to 1999 Controller Of Central And Western Areas

Subsidiary of a \$3 billion transportation services firm (10 direct / indirect staff). Managed all financial functions for 120 operating divisions with \$190M in revenues. Integrated disparate companies following mergers twice.

- Budgeting: Developed new Excel budget model as advanced user. Trained users, consolidated and presented results for 120 separate budgets
- Acquisitions: Transition Team Member or Leader for five (5) acquisitions ranging from \$4M to \$90M in revenues. Prepared pricing models, fair market valuations and transition plans. Performed due diligence, training seminars, systems evaluations and acquisition accounting
- Accounts Receivables: Developed and implemented strategies such as centralized monitoring with automated escalation processes. Reduced DSO and achieved annual savings of \$160K
- Tax Credit Recoveries: Developed and implemented new procedures to maximize recoveries, resulting in annual savings of \$250K
- Capital Expenditures: Performed internal rate of return analysis and made recommendations on all capital expenditure decisions on approximately \$10M annually

EDUCATION

California Certified Public Accountant
Inactive, passed exam in one sitting

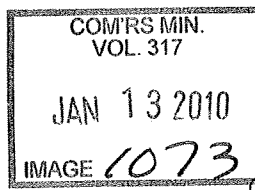
Northwestern University, Kellogg School of Business, Evanston, Illinois
Experienced Manager Seminar

University of California, Santa Barbara, California
Bachelor of Science Degree in Economics with Accounting, honors

ADDITIONAL INFORMATION

Vallejo Citizens Transportation Corporation
Local Motion ITS

- Board of Directors, recent member
- Mobility Risk Services



Gary Richardson
Chief Financial Officer CFO

MV Transportation, Inc.

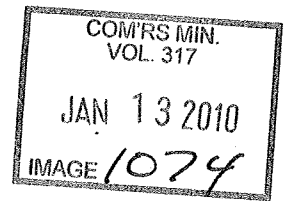
- Trustee, recent
- 401(k) Plan
- Durham Defined Benefit Plan
- VCTC Defined Contribution Plan, Inc.

American Institute of Certified Public Accountants

- Financial Executives International

US Tennis Association (captained 2003 local team to Nationals in Tucson, AZ)

Attachments



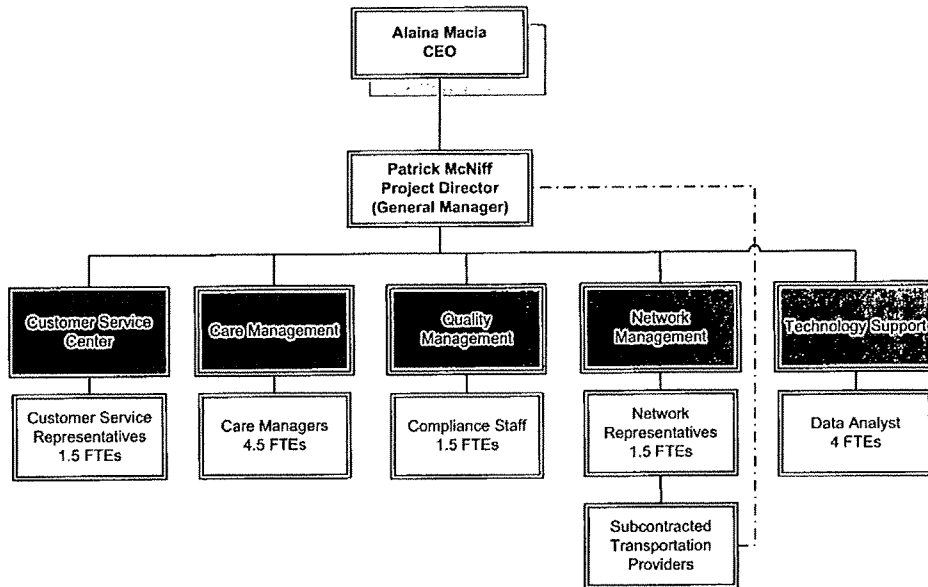
Attachment A	Organizational Chart and Job Descriptions
Attachment B	Letters of Intent
Attachment C	Sample Client Brochures
Attachment D	Sample Daily Trip Log and Facility Verification
Attachment E	Sample Monthly Billing Statement
Attachment F	MTM Policies and Procedures
Attachment G	NET Management System Details
Attachment H	Draft Quality Management Program
Attachment I	MTM Marketing Materials and Information
Attachment J	MTM Financial Information (Original Only)
Attachment K	Sample Standard Monthly Reports
Attachment L	Transportation Provider Guidelines and Sample Transportation Provider Monitoring Plan
Attachment M	Insurance Certificates



MTM
Medical Transportation
Management, Inc.

Hamilton County Operations Organizational Chart

COM'RS MIN.
VOL. 317
JAN 13 2010
IMAGE 1075



JAN 13 2010

IMAGE 1076



Job Description 		Exempt	X	
		Non-exempt		
		Full-time	X	
		Part-time		
		Location	All	
		Origination Date	01/10/06	
Job Title	Program Director	Last Revision Date	06/10/08	
Department				
Reports to	Vice-President of Operations	Page	1	OF 3

POSITION SUMMARY: The Program Director works in collaboration with operations, MTM support departments, and transportation providers to ensure the most appropriate and cost-effective delivery of transportation services. The Program Director also acts as the internal liaison between MTM departments and the Client to ensure MTM is fully compliant with the State/County Medicaid requirements governing non-emergency transportation programs.

PERFORMANCE MEASURES – MAJOR JOB OBEJECTIVES

Major Job Objective	What's Expected	Measurement Criteria	%
Leadership and contract compliance	Lead teams of direct and non-direct reports to ensure business outcomes and contract goals are defined and met. Learn and understand all aspects of the contract.	95% or greater	20%
Knowledge of NET policies and procedures	Keep abreast of changes to NET program rules, regulations and policies.	95% or greater	20%
Customer Service and Building Relationships	Work with the Client to follow through on service issues, trouble shooting problems and concerns, complaints and education.	95% or greater	20%
Understanding of the political environment	Acquire a good understanding of State/County, and local climate and issues pertaining to the NET program.	95% or greater	20%
Review of service delivery	Review service delivery to ensure that the most appropriate and cost-effective mode of transportation is utilized.	95% or greater	20%

OTHER ESSENTIAL JOB FUNCTIONS:

- Work effectively through teams in a project management focused approach.
- Plan continuously for growth and issue resolution.
- Provide retrospective analysis of MTM services to ensure appropriate use of services.
- Act as a liaison between MTM and external stakeholders to educate on MTM services and ensure customer satisfaction.
- Identify and manage stakeholders' expectations during all phases of the contract.
- Maintain active involvement in State/Government programs and transportation related conferences/seminars.
- Ensure ongoing compliance to MTM's Quality Management Program.
- Gain and maintain in-depth knowledge of MTM *Transportation Guidelines and Vendor Quality Improvement Program*.
- Provide oversight and management of the Customer Service Center.
- Gain and maintain in-depth knowledge of MTM departments.

JAN 13 2010

IMAGE 1077

- Provide updates to MTM Protocols.
- Responsible for building (or assuring building of) required documents and Work Plans as needed.
- Provide necessary data and information to MTM staff assisting in the continuous monitoring and coordination of quality management activity; i.e. credentialing, re-credentialing, and quality management.
- Provide to the VP, Operations a weekly status report on accomplishments, issues and concerns.
- Prepare for, coordinate, and conduct, quarterly in-services with Client.
- Provide ongoing, day-to-day service support to Client personnel.
- Be available as Client's key contact for any issues relating to the program.
- Address all issues in a timely manner to the satisfaction of the client and MTM.
- Educate Client on MTM procedures and services.
- Inform clients of new items relating to the NET industry and/or MTM services.
- Present annual plan reviews and work in a consultative manner with Client.

MARGINAL JOB FUNCTIONS:

- Manage branch office staff responsibilities (if applicable).
- Create detailed staffing plan (if applicable).
- Report problems or concerns of Client to the VP, Operations, and executive staff as needed.
- Disseminate educational material to clients as needed.
- Ensure all paperwork is complete, up-to-date and correctly filed.
- Other duties as assigned by the VP, Operations.
- Report to work as assigned and on time.

KNOWLEDGE, SKILLS, AND ABILITIES:

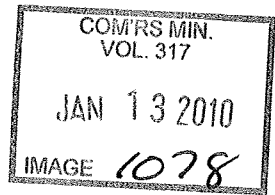
- Excellent interpersonal skills and ability to work with a variety of people and job positions.
- Knowledge of managed care, quality improvement, contracting.
- Experience establishing key processes and procedures.
- Ability to acquire in-depth knowledge of MTM operations.
- Experience in operations and management of staff.
- Experience in developing, promoting, and building key relationships with all key stakeholders.
- Data analysis and interpretation skills.
- Problem solving skills.
- Ability to schedule, organize and prioritize multiple tasks.
- Experience supervising and monitoring the delivery of contractual services.
- Knowledge of budgets and cost analysis.
- Excellent communication skills, verbal and written.
- Ability to handle questions and resolve issues in a constructive manner.
- Moderate to advanced computer skills.

REQUIRED EDUCATION:

- Bachelor's Degree or above
- Certified Project Management Professional or Associate Certification desired (PMI)

REQUIRED EXPERIENCE:

- Previous management experience.
- Prior project or contract management experience.
- Previous experience working with Medicaid and or State programs preferred.



- Experience working for a managed care health provider preferred.

POSITIONS SUPERVISED:

- Care Manager
- Quality Service Coordinator

TOOLS/EQUIPMENT/MACHINES USED:

Computer, laptop, copy machine, fax machine, Cisco phone system, cell phone and slide projector.

PHYSICAL REQUIREMENTS AND WORKING CONDITIONS:

Normal office conditions. Must have clear, close vision for reading and computer work. Must be able to sit, stand, walk, balance, stoop, grasp, talk, hear and operate computer keyboard. Job requires reaching at shoulder level and below waist. Will occasionally lift/push/pull up to 20 pound and carry objects 50 feet.

ACKNOWLEDGMENT:

I have read and understand my position description and certify that I can and will fulfill the stated expectations
____ with, ____ without accommodations.

Signature: _____
Employee

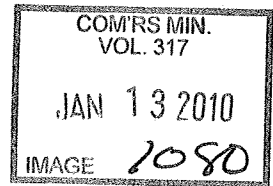
Date: _____

Signature: _____
Department Director/Manager

Date: _____

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources
Cc: Department Director
Employee

**EXPERIENCE:**

- Previous experience working with passenger transportation and/ or supervision
- Previous experience with customer relations
- Previous experience working with performance standards

POSITIONS SUPERVISED:

None

TOOLS/EQUIPMENT/MACHINES USED:

Vehicle, radio, and cell-phone

PHYSICAL REQUIREMENTS AND WORKING CONDITIONS:

Normal driving conditions apply. Employee must have clear, close vision for reading documents. Must be able to sit, stand, walk, balance, stoop, grasp, talk, hear and operate motor vehicle. Job may require reaching at shoulder level and below waist. Will occasionally lift/push/pull up to 50 pounds and carry objects 50 feet.

ACKNOWLEDGMENT:

I have read and understand my position description and certify that I can and will fulfill the stated expectations:

____ without accommodations

____ with the following accommodations:

Employee Name (print): _____

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Title: _____

Date: _____


This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources

Cc: Employee's Supervisor
Employee

JAN 13 2010

IMAGE 1081

 Job Description MTM Medical Transportation Management, Inc.		Exempt	No
		Non-exempt	Yes
		Full-time	Yes
		Part-time	N/A
		Location	Missouri
		Origination Date	11/12/03
Job Title	Network Management Representative	Last Revision Date	6/2008
Department	Network Management	Level	2
Reports to	Network Management Manager	Page	1 OF 3

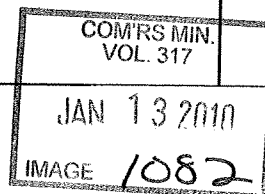
JOB SUMMARY:

The **Network Management Representative** is a full time position reporting to the Network Management Manager. The primary function is to recruit new providers in all areas where MTM either holds contracts or where MTM is looking to expand and to maintain the MTM provider network by creating good relationships with the providers to assure the highest possible quality of transportation is provided. The **Network Management Representative** is an hourly, non-exempt position.

PERFORMANCE MEASURES – MAJOR JOB OBJECTIVES

Major Job Objective	What's Expected	Measurement Criteria	%
Manage assigned territories	<ul style="list-style-type: none"> • Maintain a good rapport with the transportation providers • Notify the proper departments and/or offices of any provider changes • Maintain the Public Contacts • Create, enter and update providers in the AS/400 • Resolve provider questions and problems; coordinate with MTM's billing department, whenever necessary, to assist provider with billing concerns or problems • Contact providers to correct faxing errors • De-activate providers within the system for disciplinary reasons 		40%
Manage insurance certificates	<ul style="list-style-type: none"> • Ensure all providers in the assigned territory have appropriate and effective insurance for their specific state. • Enter all insurance certificates received into the NM database • Monitor all providers with expired insurance • Follow the proper closure procedures for providers with cancelled insurance 		20%
Maintain provider's paper and electronic files	<ul style="list-style-type: none"> • Ensure the providers files are complete with all required documents and are kept up-to-date • File any new information that belongs with the providers file such as insurance, CAP's, discipline or contractual paperwork • Complete file audits • Enter and update provider information in the NM database (excluding on-site visits and on-street observations) 		20%
Work closely with the Field	<ul style="list-style-type: none"> • Maintain a good rapport with the Field Operators • Keep the Liaison(s) up to date on the adequacy of the transportation provider network 		10%

Operator	Requesting site visits to be completed on existing providers and/or potential providers		
Control costs	• Adding providers to the network where trip costs are too high		10%
Recruit	<ul style="list-style-type: none"> • Research & recruit new provides in geographic area to expand provider network • Ensure complete coverage as it relates to the assigned recruitment territory • Contract with newly recruited providers 		



OTHER ESSENTIAL JOB FUNCTIONS:

1. Send correspondence to providers upon initial contact and/or whenever necessary.
2. Assist Network Management Vice President or Manager in establishing pricing for providers in each area.
3. Provide complete information on MTM and its policies and requirements related to all aspects of MTM.
4. Assist all Call Centers with provider issues.
5. Notify the proper departments and/or offices on provider pricing and service area changes.
6. Create all contract amendments for providers.
7. Responsible for all contracting details for all providers.
8. Regular attendance required.
9. Reports directly to Network Management Manager.
10. Works closely with all providers.
11. Works closely with Trip Reconciliation, Quality Management, Care Management and all Call Centers.

MARGINAL JOB FUNCTIONS:

1. Other duties as assigned.

KNOWLEDGE, SKILLS, AND ABILITIES:

1. Ability to handle a diverse group of providers and their issues.
2. Ability to handle multiple tasks and situations.
3. Exemplary communication skills.
4. Knowledge of MTM contracting processes.
5. Knowledge of Microsoft systems.

REQUIRED EDUCATION:

High School Diploma or G.E.D.

REQUIRED EXPERIENCE:

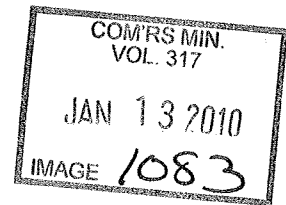
Call center experience preferred.

POSITION SUPERVISED:

None

TOOLS/EQUIPMENT/MACHINES USED:

1. Computer
2. Copy machine
3. Printer
4. Calculator

**PHYSICAL REQUIREMENTS AND WORKING CONDITIONS:**

Normal office conditions. Must have clear, close vision for reading and computer work. Must be able to sit, stand, walk, balance, stoop, grasp, talk, hear and operate computer keyboard. Job requires reaching at shoulder level and below waist. Will occasionally lift/pull/push up to 20 pounds and carry objects 50 feet.

ACKNOWLEDGMENT:

I have read and understand my position description and certify that I can and will fulfill the stated expectations ☐ with the following accommodations ☐ without accommodations

Signature: _____
Employee

Date: _____

Signature: _____
Department Director/Manager

Date: _____


This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources
Cc: Department Director
Employee

JAN 13 2010

IMAGE

1084

 Job Description MTM Medical Transportation Management, Inc.		Exempt		
		Non-exempt		Y
		Full-time		Y
		Part-time		
		Location		LSL
		Origination Date		
Job Title	Care Manager	Last Revision Date		6/2008
Department	Care Management	Level		
Reports to	Care Management Supervisor	Page	1	OF 3

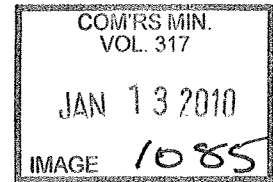
POSITION SUMMARY:

The **Care Manager** is responsible for coordination of all requests from Social Workers, Nurse Case Managers, Transportation Coordinators, and other medical professionals regarding the scheduling of members for non-emergent health care trips in their assigned state/city /facility. The **Care Manager** is responsible for assuring compliance with the contract source, using MTM policies and procedures to ensure member satisfaction.

ESSENTIAL JOB FUNCTIONS:

1. Respond promptly to all trip requests, both verbal and electronic.
2. Review and triage incoming fax requests from social workers, nurse care managers, transportation coordinators, and sole source providers.
3. Screen requests for Plan eligibility of recipient and transport.
4. Prioritize transportation requests to ensure the most urgent requests are met first.
5. Schedule trips daily.
6. Accurately record and report trip details to ensure smooth transportation operations.
7. Triage issues, complaints, and unusual trip circumstances for prompt resolution.
8. Assist Quality Management with complaint resolution.
9. Coordinate with the Customer Service Center on transportation requests requiring special consideration (such as medical necessity and or distance necessity).
10. Work with Network Management to ensure adequate coverage for all transportation needs.
11. Closely monitor use of most appropriate vendor and provider, as well as most appropriate mode of transportation.
12. Conduct annual satisfaction surveys with all clients and or facilities, and collate the outcome.
13. Job share with another Care Manager to ensure adequate coverage for PTO and sick days.

14. Cancel trips in accordance with facility annual schedule.
15. Assist peers with shared folders in the system.



MARGINAL JOB FUNCTIONS:

Perform additional duties and projects as assigned.
Adhere to all MTM policies and procedures.

KNOWLEDGE, SKILLS, AND ABILITIES:

1. Familiarity with Microsoft applications, including Word, Excel, and Access
2. Ability to type 30wpm
3. Excellent organizational and interpersonal skills
4. Exemplary written and oral communication skills
5. Demonstrated ability to manage multiple priorities
6. Ability to multi-task in a fast-paced environment
7. Ability to handle confidential information in a professional manner
8. Ability to make solid judgment calls
9. Superior communication and problem-solving skills
10. A high level of initiative is essential
11. Ability to work both independently and as part of a team

REQUIRED EDUCATION:

1. Minimum High School Diploma or G.E.D. equivalent required

REQUIRED EXPERIENCE:

1. A minimum of 90 days experience in customer service or call center operation preferred.
2. Experience in healthcare, care management, or related field preferred.

POSITIONS SUPERVISED:

None

TOOLS/EQUIPMENT/MACHINES USED


Computer, copy machine, fax machine

PHYSICAL REQUIREMENTS AND WORKING CONDITIONS:

Normal office conditions. Must have clear, close vision for reading and computer work. Must be able to sit, stand, walk, balance, stoop, grasp, talk, hear and operate computer keyboard. Job requires reaching at shoulder level and below waist. Will occasionally lift/push/pull up to 20 pounds and carry objects 50 feet.

JAN 13 2010

IMAGE 1086

Job Description 		Exempt	
		Non-exempt	X
		Full-time	X
		Part-time	X
		Location	LSL
		Origination Date	9/27/97
Job Title	Customer Service Representative	Last Revision Date	6/2008
Department	CI		
Reports to	Team Lead, CSC Supervisor	Page	1 OF 2

POSITION SUMMARY:

The **Customer Service Representative (CSR)** handles incoming ACD calls regarding scheduling of transportation and all other details of customer trips. The CSR is the front line representative of Medical Transportation Management (MTM). The Customer Service Representative is an hourly, non-exempt position.

ESSENTIAL JOB FUNCTIONS:

1. Answer incoming ACD calls for customers -passengers, vendors, and clients.
2. Daily scheduling of trips by documenting trip request and selecting the most appropriate vendor.
3. Meet production goal set forth for CSR
4. Meet quality goal set forth for CSR.
5. Utilize correct coding and documentation procedures.
6. Provide prompt response to all trip requests.
7. Report issues, unusual trip circumstances, and efficiency of vendor operations to CSC Team Lead for prompt resolution.
8. Adhere to established client, CSC and MTM protocols.
9. Provide courteous response to all transportation requests and proper use of terminology.
10. Demonstrate sincere personal commitment to promptness, reliability and quality work.
11. Report to work as assigned and on time.
12. Regular attendance required.

MARGINAL JOB FUNCTIONS:

Other duties as assigned.

KNOWLEDGE, SKILLS AND ABILITIES:

1. Typing speed of 30 WPM or greater.
2. Knowledge of personal computer/keyboard.
3. Knowledge of Microsoft Outlook and Microsoft Word.
4. Exemplary communication and phone skills.
5. In-depth knowledge of CSC protocols and procedures.
6. Ability to relate to a diversity of customers and requests.
7. In-depth knowledge of Transportation Provider Network to assure the most appropriate transport.
8. Ability to identify with customer needs and circumstances.
9. Ability to tactfully question and obtain information necessary for the transport.
10. Ability to recognize, handle and refer situations of an emergent nature.

11. The LSL CSC is open 24/7CSRs may be expected to work a weekend day and /or holiday when an appropriate number of volunteers are not received

REQUIRED EDUCATION:

High school diploma or G.E.D.

REQUIRED EXPERIENCE:

Call Center experience preferred.

POSITIONS SUPERVISED:

None

TOOLS/EQUIPMENT/MACHINES USED:

Personal computer, copy machine, fax machine, Cisco phone system

PHYSICAL REQUIREMENTS AND WORKING CONDITIONS:

Normal office conditions. Must have clear, close vision for reading and computer work.
Job requires sitting at desk the majority of the day.

ACKNOWLEDGEMENT:

I have read and understand my position description and certify that I can and will fulfill the stated expectations []with []without accommodations.

Signature: _____
Employee

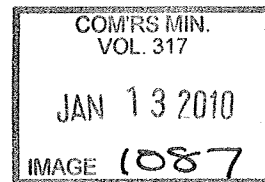
Date: _____

Signature: _____
Department Manager/Supervisor

Date: _____


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Original: Human Resources
Cc: Department Director
Employee



JAN 13 2010

IMAGE 1088

 Job Description MTM Medical Transportation Management, Inc.		Exempt	X
		Non-exempt	
		Full-time	X
		Part-time	
		Location	LSL
		Origination Date	5/1/2007
Job Title	Business Analyst I - V	Last Revision Date	6/2008
Department	Business Solutions Group		
Reports to	Director, Business Solutions	Page	1 OF 2

Job Summary:

The Business Analyst is responsible for

- the analysis, architecture and specification of effective, efficient and innovative business technology solutions and services.
- project management services during development and production to ensure that the business technology solutions and services are successfully adopted throughout the company to deliver the projected results.

The Business Analyst I is an entry level position and will support experienced Business Analysts. The Business Analyst I will be closely supervised.

The Business Analyst II will be assigned, well –defined, projects. The Business Analyst II will be supervised on an ad hoc basis as required.

The Business Analyst III will be assigned projects that have a clear scope and vision but may not be well defined. The Business Analyst III will require minimal supervision, and may on occasion supervise other BSG staff.

The Business Analyst IV will define the scope and vision of a project. The Business Analyst IV will require minimal supervision, and may on occasion supervise and/or coach other BSG staff.

The Business Analyst V will identify opportunities for Business Development, and define the Business Case that supports the go/no go decision. The Business Analyst V will require minimal supervision, and may supervise and/or coach other BSG staff on a regular basis.

Essential Job Requirements:

- Analysis of existing business systems and processes, for process improvement
- Implementation of new business processes
- Business systems software requirement specification
- Business systems testing, documentation, training and education
- Business systems audit

This position requires collaboration with cross-functional teams and subject matter experts across the entire company.

JAN 13 2010

IMAGE 1089

Required Education:

- Business Analyst I or II - High School Graduate
- Business Analyst III, IV, V – Bachelor's degree (or equivalent combination of education and experience) in Information Technology, Computer science, or Business Administration.

Required Experience:

Business Analyst I and II

Required:

- An excellent understanding of computer based technology, **beyond** the use of standard spreadsheet, word processing and other applications primarily designed for personal use in a non business environment
- prior interest in the application of technology to solve problems

Preferred:

- An understanding of basic database technologies
- Prior programming experience

Business Analyst III, IV or IV

Required:

- Experience of authoring software requirement specifications preferably using industry best practices, tools and methodologies
- Experience of authoring test plans and conducting testing, preferably using industry best practices, tools and methodologies
- Experience of software development project management, preferably using industry best practices, tools and methodologies across the full Software Development Life Cycle (SDLC)
- Experience of implementing business process improvements, working with the end user to overcome resistance to change

Preferred:

- Prior software design, and programming skills
- Software quality assurance and process improvement experience
- Healthcare industry and healthcare information technology experiences

Required Skills:

- Analytical and problem solving skills
- Ability to assimilate new and existing technologies, and 3rd party products
- Verbal and written communication skills
- Interpersonal skills
- Ability to be effective in a fast paced, dynamic environment

Signature: Alison Whitelaw
Director, Business Solutions

Date: 5/1/2007

JAN 13 2010

IMAGE 1096

Job Description**MTM**Medical Transportation
Management, Inc.

<div> <div>Exempt</div> <div>N/A</div> </div> <div> <div>Non-exempt</div> <div>Yes</div> </div> <div> <div>Full-time</div> <div>Yes</div> </div> <div> <div>Part-time</div> <div>N/A</div> </div> <div> <div>Location</div> <div>Missouri</div> </div> <div> <div>Origination Date</div> <div>2002</div> </div>			
Job Title	Quality Service Coordinator	Last Revision Date	5/19/08
Department	Quality Management		
Reports to	Manager, Quality Management	Page	1 OF 3

POSITION SUMMARY: The **Quality Service Coordinator** is responsible for managing complaints for designated clients, in accordance with client requirements and MTM Policies and Procedures for Quality Management.

PERFORMANCE MEASURES – MAJOR JOB OBJECTIVES

Major Job Objective	What's Expected	Measurement Criteria	%
Manage Complaints for Designated Clients	<ul style="list-style-type: none"> Answer incoming calls directed to the Quality Management phone line. Review, investigate and provide follow up for all complaints and complaint issues, reported for assigned clients. Obtain timely resolutions to complaints and complaint issues. Provide immediate follow up for complaint resolutions that are not submitted within the specified timeframe and enforce disciplinary measures as needed. Initiate corrective steps to resolve and manage complaint issues. Respond to client inquiries sent via email or fax, within the specified timeframe. 	Meet 95% or greater	50%
Risk Management	<ul style="list-style-type: none"> Forward notification of accidents/incidents as they occur to assigned clients. 	Meet 95% or greater	5%
Complaint Reports	<ul style="list-style-type: none"> Compile weekly/monthly complaint and incident summary reports for assigned clients, and Compliment reports for designated clients, as assigned. 	Meet 95% or greater	45%

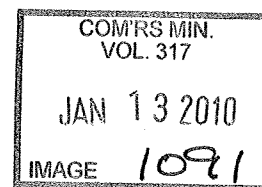
OTHER ESSENTIAL JOB FUNCTIONS:

1. Managing Complaints
 - a. Answer all incoming calls.
 - b. Review, investigate and provide follow up for all complaints.
 - c. Send daily faxes to transportation providers with listing of all complaints.
 - d. Obtain resolutions in a timely manner from transportation providers.
 - e. Enforce disciplinary measures for transportation providers that do not respond to complaints in a timely manner.
 - f. Respond to all client inquiries in a timely manner.
 - g. Send faxes to transportation providers notifying them when a resolution has been received, to inform of unsubstantiated complaints, and educations to complaints.
2. Risk Management
 - a. Responsible for forwarding notification of accidents and incidents as they occur to assigned clients.
3. Complaint Reports

- a. Compile weekly/monthly complaint and incident summary reports for assigned clients, and Compliment reports for designated clients.

MARGINAL JOB FUNCTIONS:

1. Enter complaints submitted via fax or voice mail, as assigned
2. Enter data for the application of Liquidated Damages
3. Update client statistics as needed
4. Other duties as assigned



KNOWLEDGE, SKILLS, AND ABILITIES:

1. Proficiency with Microsoft applications, including Word, Excel, and Access
2. Excellent written communication skills, with an emphasis on grammar and spelling
3. Ability to tactfully question and obtain information
4. Excellent organizational and interpersonal skills
5. Demonstrated ability to manage multiple priorities
6. Ability to multi-task in a fast-paced environment

REQUIRED EDUCATION:

Minimum High School Diploma or G.E.D. equivalent required

REQUIRED EXPERIENCE:

1. A minimum of one year of Customer Service experience
2. A minimum of six months in the MTM Customer Service Center
3. Working knowledge of Customer Service protocols and procedures

POSITIONS SUPERVISED:

N/A

TOOLS/EQUIPMENT/MACHINES USED:

Computer, Cisco phone system, copy machine, and fax machine

PHYSICAL REQUIREMENTS AND WORKING CONDITIONS:

Normal office conditions. Must have clear, close vision for reading and computer work. Must be able to sit, stand, walk, balance, stoop, grasp, talk, hear and operate computer keyboard. Job requires reaching at shoulder level and below waist. Will occasionally lift/push/pull up to 20 pound and carry objects 50 feet.

ACKNOWLEDGMENT:

I have read and understand my position description and certify that I can and will fulfill the stated expectations
____ with, ____ without accommodations.

Signature: _____
Employee

Date: _____

Signature: _____
Department Director/Manager

Date: _____


This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources

Cc: Department Director
Employee

JAN 13 2010

IMAGE 1092

		Exempt	
		Non-exempt	X
		Full-time	X
		Part-time	
		Location	LSL
		Origination Date	5/12/06
Job Title	Claims Auditor	Last Revision Date	6/2008
Department	Trip Reconciliation		
Reports to	Lead Claims Auditor	Page	1 OF 3

POSITION SUMMARY:

Works closely with Transportation Providers and Medical Transportation Management Accounting department to ensure timely Transportation Provider payment by adjudicating claims based on submitted documentation. The Claims Auditor promotes high client satisfaction through courtesy, helpfulness and positive interaction with transportation providers.

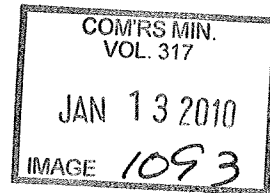
PERFORMANCE MEASURES – MAJOR JOB OBEJECTIVES

Major Job Objective	What's Expected	Measurement Criteria	%
Payment Schedule	<ul style="list-style-type: none"> Sending downloads, completing reconciliation and sending invoices on time according your region's payment schedule. 	Physical progress checks.	40
Report Submittal	<ul style="list-style-type: none"> All required reports should be submitted weekly for all regions 	Timely Submittal	20
Customer Service	<ul style="list-style-type: none"> Maintain a positive attitude when dealing with internal and external personal while providing high quality customer service. 	Provider and employee feedback	20
Attendance	<ul style="list-style-type: none"> PTO should be scheduled in advance when at all possible, no more than 1 unscheduled PTO request per quarter are allowed. Tardies should be minimal. No more than 25 tardy minutes or more than 5 different tardy occurrences per month are allowed 	Time Clock Reports	20

OTHER ESSENTIAL JOB FUNCTIONS:

1. Provide weekly reconciliation documentation to Transportation Providers through e-mail or fax transmissions.
2. Reconciles the trip documentation by adjusting trip data in the AS/400 database based on weekly reconciliation reports.
3. Ensure timely payment of Transportation Providers by encouraging them to follow the payment schedule.
4. Investigate and resolve discrepancies between Transportation Provider data and Medical Transportation Management data.
5. Ensures the compliance with the established departmental policies and procedures for Claim adjudication.
6. Use sound judgment in challenging unusual claims or documentation.
7. Transportation provider point of contact for all issues effecting timely payment.
8. Promotes high client satisfaction through courtesy, helpfulness and positive interaction with the transportation provider.

MARGINAL JOB FUNCTIONS:



1. Good interpersonal skills.
2. Excellent written and verbal communication skills.
3. Utilizes problem solving and analytical skills
4. Ability to meet strict deadlines.
5. Strong ability to multitask.
6. Detailed oriented and ethical.
7. Highly organized and ability to prioritized work to achieve established goals.

KNOWLEDGE, SKILLS, AND ABILITIES:

1. Ability to research and solve a diverse group of issues.
2. Ability to handle multiple tasks and situations.
3. Exemplary communication Skills.
4. Knowledge of AS400
5. Proficiency with Microsoft applications, including Word, Excel, and Access
6. Excellent organizational and interpersonal skills
7. Ability to handle confidential information in a professional manner
8. Ability to make solid judgment calls
9. A high level of initiative is essential
10. Ability to work both independently and as part of a team

REQUIRED EDUCATION:

1. Minimum High School graduate required.
2. Two year college degree preferred.

REQUIRED EXPERIENCE:

1. Intermediate computer skills to include Microsoft Excel, Access and Word.
2. Previous experience with AS400 based software preferred.

POSITIONS SUPERVISED:

None

TOOLS/EQUIPMENT/MACHINES USED:

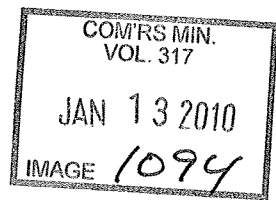
Computer, copy machine, fax machine

PHYSICAL REQUIREMENTS AND WORKING CONDITIONS:

Normal office conditions. Must have clear, close vision for reading and computer work. Must be able to sit, stand, walk, balance, stoop, grasp, talk, hear and operate computer keyboard. Job requires reaching at shoulder level and below waist. Will occasionally lift/push/pull up to 20 pound and carry objects 50 feet.

ACKNOWLEDGMENT:

I have read and understand my position description and certify that I can and will fulfill the stated expectations
____ with, ____ without accommodations.



Letter of Intent

Meda-Care Transportation, Inc. (Transportation Provider) would like to offer this letter as a show of good faith to proceed in a timely manner, negotiations with Medical Transportation Management, Inc., a mutually acceptable subcontract for participation in their non-emergency medical transportation (NEMT) program, following their successful award of a NEMT brokerage contract in the Transportation Provider's service area.

- 1) In the event Medical Transportation Management, Inc. is the successful awardee of the NEMT brokerage contract, the Transportation Provider understands and agrees in principle to the Transportation Provider's obligation to support the NEMT program with transportation-related resources. The Transportation Provider understands the subcontract will incorporate all of the terms and provisions required by the brokerage contract.
- 2) The Transportation Provider will be responsible for the preparation and submittal of all required certifications, with proper signatures by persons with signatory authority in the Transportation Provider's organization, as may be required to comply with local, state, and/or federal regulations for participation in the NEMT program.
- 3) Both Medical Transportation Management, Inc. and the Transportation Provider shall diligently work cooperatively to provide high-quality service to NEMT clients and to otherwise ensure successful implementation of the NEMT program.

Please indicate your acceptance and execution of the terms of this Letter of Intent by placement of a signature by an authorized representative of your organization below. (By signing this letter, the Transportation Provider is not precluded from signing similar agreements with other NEMT broker candidates.)

AGREED AND ACCEPTED:

Meda-Care Transportation, Inc.
Print business name

1715 Harmon Dr.
Address

Cincinnati OH 45215
City State Zip Code

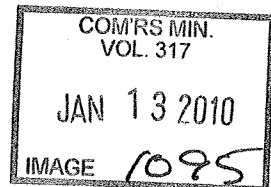
Rad Galitsky, President
Print name and title

R. Galitsky 7/25/09
Signature Date

15 Ambulatory
14 Paralift

Please submit signed Letter of Intent via fax as soon as possible to (800) 459-6224, attention Network Management Representative and mail original to:
MTM, Inc., 16 Hawk Ridge Dr., Lake St. Louis, MO 63367-1829

Revised 6/5/07



Letter of Intent

1. NEGHISTI REDDAE (Transportation Provider) would like to offer this letter as a show of good faith to proceed in a timely manner, negotiations with Medical Transportation Management, Inc., a mutually acceptable subcontract for participation in their non-emergency medical transportation (NEMT) program, following their successful award of a NEMT brokerage contract in the Transportation Provider's service area.

- 1) In the event Medical Transportation Management, Inc. is the successful awardee of the NEMT brokerage contract, the Transportation Provider understands and agrees in principle to the Transportation Provider's obligation to support the NEMT program with transportation-related resources. The Transportation Provider understands the subcontract will incorporate all of the terms and provisions required by the brokerage contract.
- 2) The Transportation Provider will be responsible for the preparation and submittal of all required certifications, with proper signatures by persons with signatory authority in the Transportation Provider's organization, as may be required to comply with local, state, and/or federal regulations for participation in the NEMT program.
- 3) Both Medical Transportation Management, Inc. and the Transportation Provider shall diligently work cooperatively to provide high-quality service to NEMT clients and to otherwise ensure successful implementation of the NEMT program.

Please indicate your acceptance and execution of the terms of this Letter of Intent by placement of a signature by an authorized representative of your organization below. (By signing this letter, the Transportation Provider is not precluded from signing similar agreements with other NEMT broker candidates.)

AGREED AND ACCEPTED:

BEST MEDICAL TRANSPORTATION SVC
Print business name

3641 FOX GLOV LANE
Address

CINCINNATI
City

OH 45239
State Zip Code

1 wheelchair van

NEGHISTI REDDAE OWNER
Print name and title

X Neghisti Reddae 03-18-09
Signature Date

Please submit signed Letter of Intent via fax as soon as possible to (800) 459-6224, attention Network Management Representative and mail original to:
MTM, Inc., 16 Hawk Ridge Dr., Lake St. Louis, MO 63367-1829

COMRS MIN.
VOL. 317

JAN 13 2010

IMAGE

1096

Letter of Intent

_____ (Transportation Provider) would like to offer this letter as a show of good faith to proceed in a timely manner, negotiations with Medical Transportation Management, Inc., a mutually acceptable subcontract for participation in their non-emergency medical transportation (NEMT) program, following their successful award of a NEMT brokerage contract in the Transportation Provider's service area.

- 1) In the event Medical Transportation Management, Inc. is the successful awardee of the NEMT brokerage contract, the Transportation Provider understands and agrees in principle to the Transportation Provider's obligation to support the NEMT program with transportation-related resources. The Transportation Provider understands the subcontract will incorporate all of the terms and provisions required by the brokerage contract.
- 2) The Transportation Provider will be responsible for the preparation and submittal of all required certifications, with proper signatures by persons with signatory authority in the Transportation Provider's organization, as may be required to comply with local, state, and/or federal regulations for participation in the NEMT program.
- 3) Both Medical Transportation Management, Inc. and the Transportation Provider shall diligently work cooperatively to provide high quality service to NEMT clients and to otherwise ensure successful implementation of the NEMT program.

Please indicate your acceptance and execution of the terms of this Letter of Intent by placement of a signature by an authorized representative of your organization below. (By signing this letter, the Transportation Provider is not precluded from signing similar agreements with other NEMT broker candidates.)

AGREED AND ACCEPTED:

Dublin Express Transport Solutions dba wheels to Go
Print business name

4400 Reed Rd Suite 320
Address

Columbus
City

OH
State

43220
Zip Code

Yasir B Ahmad President
Print name and title

[Signature]
Signature

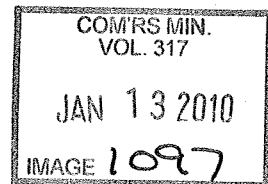
Aug 07/2009
Date

7
Number ambulatory vehicles

6
Number of paratransit vehicles

Please submit signed Letter of Intent via fax as soon as possible to (800) 459-6224, attention Network Management Recruiter and mail original to:

Revised 06/16/05



Letter of Intent

Meda-Care Transportation, Inc. (Transportation Provider) would like to offer this letter as a show of good faith to proceed in a timely manner, negotiations with Medical Transportation Management, Inc., a mutually acceptable subcontract for participation in their non-emergency medical transportation (NEMT) program, following their successful award of a NEMT brokerage contract in the Transportation Provider's service area.

- 1) In the event Medical Transportation Management, Inc. is the successful awardee of the NEMT brokerage contract, the Transportation Provider understands and agrees in principle to the Transportation Provider's obligation to support the NEMT program with transportation-related resources. The Transportation Provider understands the subcontract will incorporate all of the terms and provisions required by the brokerage contract.
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- 3) Both Medical Transportation Management, Inc. and the Transportation Provider shall diligently work cooperatively to provide high-quality service to NEMT clients and to otherwise ensure successful implementation of the NEMT program.

Please indicate your acceptance and execution of the terms of this Letter of Intent by placement of a signature by an authorized representative of your organization below. (By signing this letter, the Transportation Provider is not precluded from signing similar agreements with other NEMT broker candidates.)

AGREED AND ACCEPTED:

Meda-Care Transportation, Inc.
Print business name

1715 Harmon Dr.
Address

Cincinnati OH 45215
City State Zip Code

Rad Galitsky, President
Print name and title

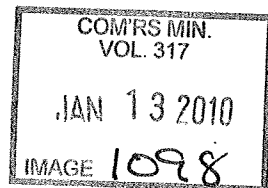
Signature

7/25/09
Date

15 Ambulatory
14 Paraliff

Please submit signed Letter of Intent via fax as soon as possible to (800) 459-6224, attention Network Management Representative and mail original to:
MTM, Inc., 16 Hawk Ridge Dr., Lake St. Louis, MO 63367-1829

Revised 6/5/07



Letter of Intent

1. NEGHISTI REDDAE (Transportation Provider) would like to offer this letter as a show of good faith to proceed in a timely manner, negotiations with Medical Transportation Management, Inc., a mutually acceptable subcontract for participation in their non-emergency medical transportation (NEMT) program, following their successful award of a NEMT brokerage contract in the Transportation Provider's service area.

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- 2) The Transportation Provider will be responsible for the preparation and submittal of all required certifications, with proper signatures by persons with signatory authority in the Transportation Provider's organization, as may be required to comply with local, state, and/or federal regulations for participation in the NEMT program.
- 3) Both Medical Transportation Management, Inc. and the Transportation Provider shall diligently work cooperatively to provide high-quality service to NEMT clients and to otherwise ensure successful implementation of the NEMT program.

Please indicate your acceptance and execution of the terms of this Letter of Intent by placement of a signature by an authorized representative of your organization below. (By signing this letter, the Transportation Provider is not precluded from signing similar agreements with other NEMT broker candidates.)

AGREED AND ACCEPTED:

BEST MEDICAL TRANSPORTATION SVC
Print business name

3641 FOX GLOV LANE
Address

CINCINNATI
City

OH 45239
State Zip Code

1 Wheelchair Van

NEGHISTI REDDAE OWNER
Print name and title

X Neghisti Reddae 12-18-09
Signature Date

Please submit signed Letter of Intent via fax as soon as possible to (800) 459-6224, attention Network Management Representative and mail original to:
MTM, Inc., 16 Hawk Ridge Dr., Lake St. Louis, MO 63367-1829

Revised 6/5/07

COMRS MIN.
VOL. 317

JAN 13 2010

IMAGE 1099

Letter of Intent

(Transportation Provider) would like to offer this letter as a show of good faith to proceed in a timely manner, negotiations with Medical Transportation Management, Inc., a mutually acceptable subcontract for participation in their non-emergency medical transportation (NEMT) program, following their successful award of a NEMT brokerage contract in the Transportation Provider's service area.

- 1) In the event Medical Transportation Management, Inc. is the successful awardee of the NEMT brokerage contract, the Transportation Provider understands and agrees in principle to the Transportation Provider's obligation to support the NEMT program with transportation-related resources. The Transportation Provider understands the subcontract will incorporate all of the terms and provisions required by the brokerage contract.
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AGREED AND ACCEPTED:

Dublin Express Transport Solutions dba wheels to Go
Print business name

4900 Road RD Suite 320
Address

Columbus
City

OH 43220
State Zip Code

Yasir Ahmad President
Print name and title

[Signature]
Signature

Aug 07/2009
Date

7
Number ambulatory vehicles

6
Number of paralytic vehicles

Please submit signed Letter of Intent via fax as soon as possible to (800) 439-6224, attention Network Management Recruiter and mail original to:

Revised 06/16/05

Why does MTM verify that I attended my medical appointment?

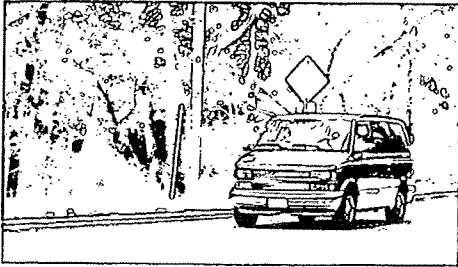
MTM verifies medical appointments to ensure that the appointment is for a covered medical service and that the service is used appropriately. This helps keep the cost of the program down for the District.

What information does MTM gather during the verification?

Medical privacy is very important to MTM. We only verify that you attended the appointment.

How do I file a complaint or concern about the services I receive?

If you are not satisfied with the service you receive, either from MTM or your transportation provider, call the MTM WeCare line at 1 (866) 436-0457. WeCare lines are open 8 a.m. – 5 p.m. Monday – Friday. All other times you will have the opportunity to leave a message and we will return your call the next business day. MTM takes quality service seriously; we will follow up on all complaints and with all parties involved. After we have attempted to resolve the issue, if you are not satisfied you can request information on a formal appeal by calling 1 (866) 436-0457.



Once transportation is scheduled:

- ❑ The transportation provider will call you, and tell you what time you will be picked up and provide their telephone number. Keep this number handy.
- ❑ Be ready 60 minutes before your pickup time.
- ❑ If you have a scheduled ride back, your ride should pick you up within less than 30 minutes after your appointment is over.
- ❑ If you must call your transportation provider for pick up after your appointment, your ride should arrive in less than 60 minutes.
- ❑ If you have to wait longer than 60 minutes, call the number the transportation provider gave you.
- ❑ Call MTM right away if you need to cancel your ride or if your ride does not show up.
- ❑ MTM will follow up and check that you attended your medical appointment.

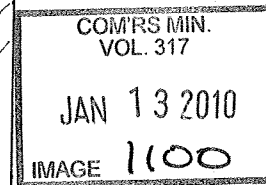
To Schedule a Ride Call: 1 (866) 796-0601

Remember:

- ❑ You must call 3 business days before your appointment.
- ❑ Have your Medicaid ID ready
- ❑ Have your medical provider's name and telephone number ready
- ❑ To file a complaint, call WeCare at 1 (866) 436-0457
- ❑ If your ride is late, call RideFinders at: 1 (888)-293-4687



2300 N St. NW suite 720
Washington DC 20037



Your Medical Transportation Program Is Changing



How to use your Washington D.C. Non-emergency Transportation Program



Medical Transportation Management, Inc (MTM) is now providing Medicaid Non-emergency Transportation Program services in the District. Beginning October 11, 2007, you will now call MTM at 1 (866) 796-0601 to schedule your non-emergency transportation for all trips on or after October 19, 2007.

What's new with the program?

- You must now call 3 business days before your scheduled appointment.
- You must call a new number 866-796-0601 to book your trip.
- MTM will assign a type of transportation based on your specific needs and abilities.
- You will be asked the medical reason for your appointment.
- MTM will select your transportation provider
- MTM will call the transportation provider to schedule your trip.
- You may be required to take public transportation.
- You will only call the transportation provider to receive your pick up time. Call them 24 hours before your appointment.

Who can receive rides to medical appointments?

You must live within the District, receive Medicaid and have no other way of going to your medical appointment. To find out if you qualify, call MTM at 1 (866) 796-0601.

How do I get a ride?

Call MTM at 1 (866) 796-0601 three (3) business days before your appointment. Business days are Monday through Friday. Calls will be answered from 8 a.m. – 6 p.m.. All calls after these hours are reserved for urgent transportation. If you call during this time to schedule transportation you will be asked to call back during normal business hours.

A friendly customer service representative will ask for the following information:

- Your full name, current address and telephone number
- Your Medicaid ID number
- The address and telephone number of your medical appointment
- The medical reason for your transportation request
- The type of appointment (doctor, lab test, therapy, etc.)

Please have this information ready when you call.

What if I call with less than 3 days' notice?

If you call with less than 3 business days' notice, you will be denied transportation and will be asked to reschedule your appointment. However, if your appointment is URGENT, we will try to find a ride for you.

The following are examples of Non Urgent and Urgent Appointments:

Non Urgent—Need 3 Days Advance Notice	Urgent Appointment
Well child visit	Hospital Discharge
Routine Medical Visit	Follow up care to surgery

MTM will verify with your medical provider before approving your urgent transportation request. Please have the name and telephone number of your doctor available when you call.

What type (mode) of transportation will MTM offer me?

MTM may:

- Send you a bus or rail pass
- Offer you a van or taxi ride if you have special needs
- Offer wheelchair or stretcher transportation if you physically require these modes
- Offer door to door assistance if medically necessary

How does MTM decide my mode of transportation?

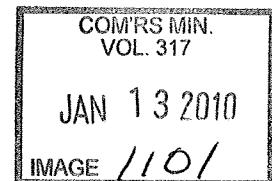
MTM will ask you a series of questions about your health and how you handle your daily activities. We will contact your doctor to verify the right mode, if needed.

What if I want a different mode of transportation?

MTM will only offer you the mode of transportation that you are approved to take. If you have any concerns about the mode of transportation offered to you, please ask to speak to a Care Manager.

Who do I call if I want to cancel or reschedule my appointment?

Call MTM at 1 (866) 796-0601 with ANY changes to your appointment. Please call as soon as you know of the change. If you do not keep your appointment, you will be marked a no-show. Multiple no-shows may result in your transportation benefit being suspended.



¿Por qué MTM llama a la oficina de mi doctor para confirmar mis citas?

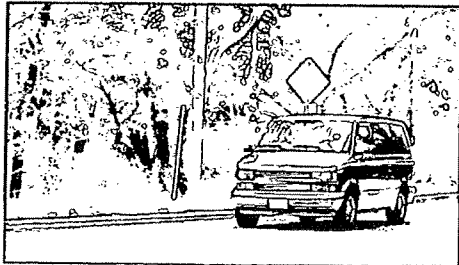
MTM tiene que confirmar que las citas son para un miembro de Medicaid y que se cumplan nuestros requisitos para este servicio.

¿Qué tipo de información recibirá MTM de mi doctor?

Su privacidad médica es muy importante para MTM. Solo confirmaremos que usted fue a la cita.

¿Con quién hablo cuando tengo problemas con este servicio y quiero dar una queja?

Si el servicio de MTM o la transportación no es satisfactorio, llame a la línea "Nos Importa" y marque al 1-866-436-0457. La línea "Nos Importa" está abierta de 8am-6pm de lunes a viernes. Si llama fuera de hora telefónica puede dejar un mensaje y le devolveremos su llamada el próximo día laboral. MTM cree que la calidad de su servicio es una cosa muy seria. MTM le telefónico seguimiento a sus quejas con todos lo involucrados. Si no está satisfecho cuando el problema este resuelto puede pedir información de una petición formal. Llame a 1 866 436-0457.



Cuando la transportación este arreglada

- ❑ El proveedor le llamara a su casa para decirle la hora que lo recogerá y el le telefónico un número telefónico antes de la hora de su cita. Guarde ese número de teléfono.
- ❑ Tiene que estar listo 60 minutos antes de la hora de su cita.
- ❑ Si la vuelta está arreglada el transporte tiene que llegar al menos de 30 minutos después que su cita haya terminado.
- ❑ Si necesita llamar a la transportación después de su cita no debe esperar más que 60 minutos.
- ❑ Si tiene que esperar más que 60 minutos, por favor llame al número de teléfono del proveedor.
- ❑ Llame al MTM inmediatamente si necesita cancelar la cita o la transportación no llega.
- ❑ Después de la cita MTM llamará al doctor para confirmar que estuvo allí.

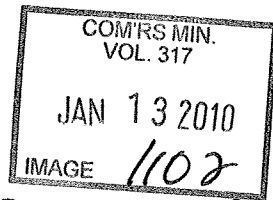
Para arreglar su cita llame: 1-(866) 796-0601

Recuerde:

- ❑ Tiene que llamar 3 días antes de su cita.
- ❑ Tener su Medicaid ID listo.
- ❑ Tener listo el nombre de doctor y el número de teléfono.
- ❑ Para poner una queja llame a "Nos Importa" a 1 (866) 436-0457
- ❑ Si su transporte está retrasado, llame a (RideFinders) a 888-293-4687.



2300 N St. NW suite 720
Washington DC 20037



Su programa de transporte médico está cambiando



Cómo funciona su programa de transporte médico para citas no urgentes.



Medical Transportation Management Inc. (MTM) es la nueva compañía en su área y le asiste con los servicios de transporte en el Distrito. A partir del 11 de Octubre, 2007, tendrá que llamar al MTM a 1 866 796 0601 para coordinar sus citas de transporte no urgentes. Puede llamar a MTM para arreglar todas las citas que ocurren a partir del 19 de Octubre, 2007.

¿Qué es lo novedoso de este programa?

- ❑ Necesita llamar con 3 días de médico antes de su cita.
- ❑ El número nuevo que necesita marcar para arreglar su cita es 866-796-0601
- ❑ MTM le asignará un medio de transporte apropiado para sus necesidades.
- ❑ El representante le preguntará las razones médico de su cita.
- ❑ MTM seleccionará el transporte adecuado.
- ❑ MTM llamará al proveedor de transporte para arreglar su cita.
- ❑ Es posible que tenga que tomar transporte público.
- ❑ Únicamente llamará al proveedor de transporte para confirmar la hora en que será recogido. Llame por favor 24 horas antes de su cita.

¿Quién es elegible para utilizar este servicio?

Puede obtener transporte solo si vive en el Distrito y tiene Medicaid y no tiene otra manera de ir al doctor. Para saber si usted califica, marque al 1 (866) 796 0601 y hable con un representante de MTM.

¿Qué es lo que necesito hacer para que MTM me recoja?

Para saber si califica marque al 1 (866) 796-0601, con tres días hábiles de médico. Días hábiles son de lunes a viernes de 8am a 6pm. Las llamadas después de esa hora son reservadas para citas urgentes. Si quiere arreglar una cita necesita llamar al horario normal.

Un representante de MTM le preguntará a usted la siguiente información.

- ❑ Su nombre completo, su dirección actual, y su número de teléfono.
- ❑ Su número de Medicaid.
- ❑ La dirección y número de teléfono de su cita.
- ❑ La razón de su cita.
- ❑ El tipo de cita (su médico de cabecera, dentista, terapia física, etc).

Por favor tenga toda esta información antes de llamar.

¿Qué pasa si llamo con menos de 3 días de médico?

Si llama con menos de 3 días antes de su cita no podrá arreglar el transporte y tendrá que cambiar la fecha de su cita. Sin embargo, si su cita es muy urgente hay posibilidad de tener transporte pero no es seguro.

Los siguientes son ejemplos de citas urgentes y no urgentes.

Cita No Urgente— 3 Días de notificación	Cita Urgente
Chequeo general del Niño	Dado de alta
Una cita rutinaria	Seguimiento de cirugía

Es la responsabilidad de MTM verificar si su cita es urgente o no. Tenga a la mano el teléfono y nombre de su doctor antes de llamar.

¿Qué medios de transporte están disponibles para mí?

MTM puede:

- ❑ Mandarle un pase de autobús o de tren.
- ❑ MTM le puede ofrecer el servicio de taxi o "van" para las personas que tengan necesidades especiales.
- ❑ MTM le puede ofrecer el servicio de ambulancia y silla de ruedas para las personas que lo necesitan.
- ❑ MTM le ofrece asistencia hasta la puerta si médicamente lo necesita

¿Cómo MTM determina el medio de transporte que necesita?

MTM le hará una serie de preguntas acerca de su salud y su actividad diaria. Si es necesario, MTM contactará con su doctor para verificar el mejor medio de transporte.

¿Qué pasa si quiero otro medio de transporte?

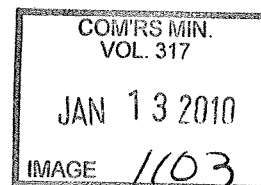
MTM le puede ofrecer el medio de transporte que este aprobado para usted. Y no puede ir por otro medio. Si tiene una pregunta en referencia al medio de transporte para usted necesitara hablar con un "Care Manager."

¿Con quién necesito hablar para cancelar o arreglar una cita?

Llame al MTM y marque 866-796-0601 cuando necesite hacer cualquier cambio de su cita. Si no llamase antes de la cita y el transporte llega a su casa y usted no se encuentra, se lo considera un "no show" porque no aparece. Varios "no shows" resultan en la suspensión de este beneficio.



www.mtm-inc.net



Have a Formal Complaint?

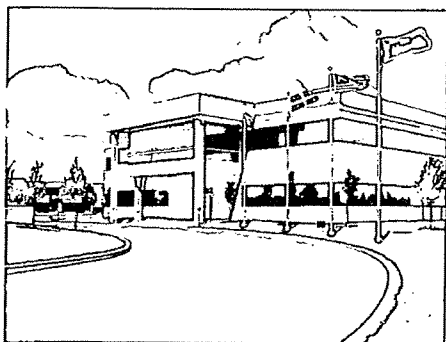
If you are unhappy with the service provided you, we want to know about it. Please contact MNet's Care Management Department to speak with a Care Manager.

If you feel your complaint was not addressed to your satisfaction, you may escalate your call to a supervisor or contact MNet's Quality Management Department directly.

- To reach a Care Manager, call MNet's Care Management Department, at 1-651-645-9254
- To contact MNet's Quality Management Department, call toll free at 1-866-436-0457

MNet is dedicated to providing good customer service. We follow up on all complaints and report them directly to the Department of Human Services.

Call 866-436-0457



MNet
Minnesota Non Emergency
Transportation

St. Paul Office
MNet Transportation
P.O. Box 4057
St. Paul, MN 55104
Telephone 651-645-9254
FAX 651-203-1262
<http://www.mn-inc.net/>

Mileage and Ancillary Services

COMRS MIN.
VOL. 317

JAN 13 2010

IMAGE 1104

St. Louis Office
Medical Transportation Management
16 Hawk Ridge Drive
Lake St. Louis, MO 63367
Telephone 636-561-5636
FAX 636-561-2962

Non emergent transportation for
MA recipients residing in the
following MN Counties:

Anoka	Ramsey
Carver	Scott
Chisago	Sherburne
Dakota	Washington
Hennepin	Wright
Isanti	

Medical Transportation Management, Inc.

1380 Energy Lane
St. Paul, MN 55108
651-645-9254
toll-free 866-240-1972

What is Mileage & Ancillary Services?

M&AS is a program which provides eligible recipients reimbursement for mileage, parking, meals and lodging.

Qualifications for M&AS Payment

- Recipient must be eligible for MHCP (Minnesota Health Care Plan) services
- The recipient must reside within the 11 county metro area
- The facility and services must be billable to Medical Assistance
- The following individuals are eligible for reimbursement when transporting a MHCP recipient to a MA billable medical appointment.
 1. Friends, neighbors, or relatives
 2. Parents
 3. Licensed foster parents
 4. Volunteer driver who is registered with a volunteer agency
 5. Personal Care Attendants (PCA)



Payment Requests

- Trip log forms should be requested prior to your scheduled appointment, forms can be mailed or faxed to you upon request.
- Trip logs must be completed in full with appointment date, complete to and from address and verification signature.
- Any reimbursement requests for meals, lodging and parking must be accompanied by original receipts attached to the trip log form.
- MA billable facility must sign/stamp trip log forms where the appointment was held.
- Reimbursement request should be submitted within 10 months of the appointment date.
- New recipients are eligible for reimbursement for appointments 12 months back or up to their eligibility date, whichever is less.

A Medical Necessity Form must be completed by the referring doctor in the following situations:

1. A trip for specialty care that is over 30 miles one-way for MHCP recipients residing in the following counties: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington.
2. A trip for specialty care that is over 50 miles one-way for MHCP recipients residing in: Chisago, Isanti, Sherburne, and Wright counties.

If you know the distance for the specialty care trip, please call MNet's Care Management Department with the referring doctor's name and phone number so a Medical Necessity Form can be sent.

How Will I Get Paid and When?

- A Care Manager will accept, review and process your Trip Log form.
- Upon receipt of your Trip Log forms, and after verification, all approved M&AS payments should be made within 30 days of receipt.
- M&AS payments are released twice each month according to a defined payment schedule.



Reason for Denials

- The recipient is not eligible for MA services
- You will not be paid for M&AS if you live outside of the 11 county metro area; Anoka, Carver, Dakota, Chisago, Hennepin, Isanti, Ramsey, Scott, Sherburne, Wright or Washington
- The trip log form is incomplete
- The facility or services were not MA billable

Foster Parents:

1. Must be a licensed Foster Care provider to receive a higher rate of reimbursement
2. A separate Trip Log form must be completed for each child being seen for medical care

Volunteer Drivers:

1. Must be registered with a volunteer agency

Multiple Riders:

1. MNet will only reimburse mileage on a per vehicle basis regardless of the number of riders being transported to medical appointments

Facility Update

JAN 13 2010

IMAGE 1106

MTM coordinates with area beneficiaries and facilities to schedule transportation to covered, non-emergency medical appointments for Medicaid recipients.

If your patient lives in one of the highlighted counties you will now call MTM at 1-866-831-4130 to schedule your non-emergency transportation needs.

How do I schedule a ride for my patient?

It is best to call MTM three (3) days before the appointment, at 1-866-831-4130 and have the following information

- Patient full name, current address and phone number
- Patient Medicaid ID number
- The doctor name, address and phone number of appointment
- The type of appointment (doctor, dentist, therapy, etc.)

*Urgent trips may be accepted with less than 3 days notice.

Service Area

MTM is responsible to arrange all NET services for Regions I and II, which includes in-state and out-of-state transportation. In-state transportation include those trips outside the Broker's NET region and transports limited to 25 mile radius of South Carolina's border and the following six pre-approved sites

considered in-state:

- Emory University (Atlanta, GA)
- Henretta Eggleston Hospital (Atlanta, GA)
- Duke Medical Center (Durham, NC)
- University of North Carolina School of Medicine (Chapel Hill, NC)
- Wake Forest University (Bowman Gray School of Medicine Winston-Salem, NC)
- Pinehurst Hospital (Pinehurst, NC)

Facility Manuals

If you have not yet received a facility manual, or would like to speak with an MTM representative, please contact Paula Pratt at 864-451-2822 in Region I or Donna Monagle at 864-285-5942 in Region II. We would be delighted to meet with you and your staff to answer any questions and provide clarification on any issues you may be experiencing



Contact Numbers for MTM

Region I

Program Manager:
Paula Pratt
33 Market Point Drive
Greenville, SC 29607
864-451-2822

Beneficiary Toll Free#:
1-866-831-4130
1-866-686-7618 (fax)

Care Manager (for facility
use only)
KirstenLaBarge
1-888-561-8747, Ext 5562

Quality Management
(to file a complaint)
1-866-436-0457

Contact Numbers for
MTM:
Corporate Office:
MTM, Inc.
16 Hawk Ridge Drive
Lake St. Louis, MO 63367
1-636-561-5686
1-888-561-8747
1-636-561-2962 (fax)

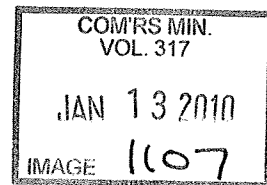
Region II

Program Manager:
Donna Monagle
113 West Main Street, Suite E
Spartanburg, SC 29302
864-285-5942



MTM
Medical Transportation
Management, Inc.

Changes in the Fee-For-Service NET Medicaid Program



MTM now coordinates all non-emergency transportation request for the fee-for-service recipients and medical facilities to covered, non-emergency medical appointments for Medicaid recipients in the Washington D.C. Metropolitan area. If you receive Medicaid insurance you may be eligible to receive free transportation to a Medicaid covered appointment. You will now call MTM at 1-866-796-0601 to schedule your non-emergency transportation needs.

How do I schedule a ride ?

You must call MTM three (3) days before the appointment, at 1-866-796-0601 and have the following information:

- Patient full name, current address and telephone number
- Patient Medicaid ID number
- The doctor name, address and phone number of appointment
- The type of appointment (doctor, therapy, etc.)

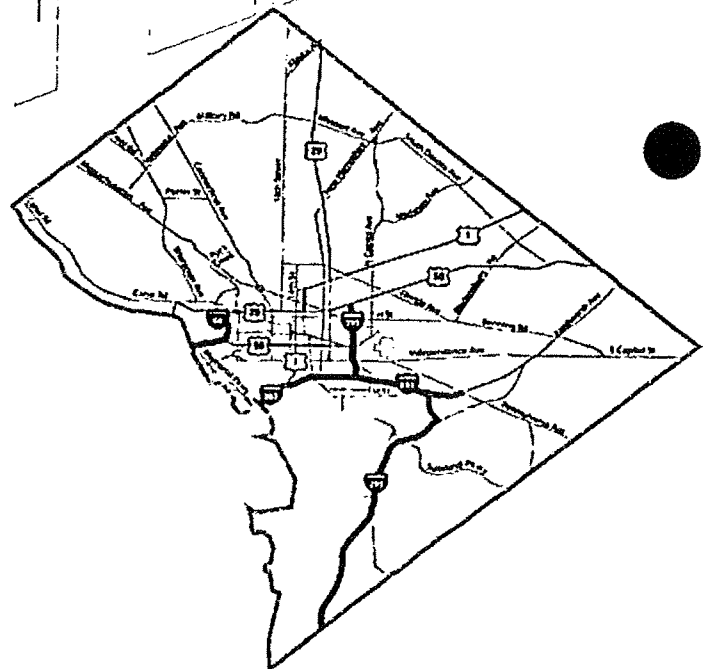
*Urgent trips may be accepted with less than 3 days notice.

Service Area

MTM is responsible to arrange all NET services within the Washington D.C. Metropolitan area including Montgomery and Prince Georges County in Maryland and Northern Virginia counties of Fairfax, Arlington and the City of Alexandria.

Changes in the program

- You must now Call MTM
- MTM will assign the type of transportation based on your specific needs and abilities
- You will be asked the medical reason for your appointment
- MTM will call the transportation provider to schedule your trip
- You may be required to take public transportation



Contact Numbers for MTM

Recipient Toll Free#:
To schedule Transportation
1-866-796-0601

Have a Complaint?

If you have a complaint about your ride or other services. Please call

MTM WeCare Line: 1-866-436-0457 **MTM RideFinders:** 1-888-293-4687

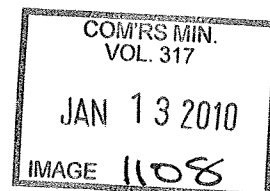
Think your ride is late?

If you had a pre-scheduled return ride and you have waited for more than 30 minutes call MTM RideFinders.

If you called you transportation provider after your appointment and have waited for more than 1 hour call MTM RideFinders.



Cambios en el Programa Médico de Costo por Servicio



MTM ahora coordina todos los pedidos de costo por servicio, no urgentes, a centros médicos cubiertos para citas (no urgentes) de usuarios de Medicaid en la área Metropolitana de Washington D.C.

Si usted tiene seguro de Medicaid, puede tener derecho a recibir transporte gratuito para citas cubiertas por Medicaid. A partir de ahora, deberá llamar a MTM al 1-866-796-0601 para hacer este tipo de citas (no urgente).

Cómo hago una cita para transporte?

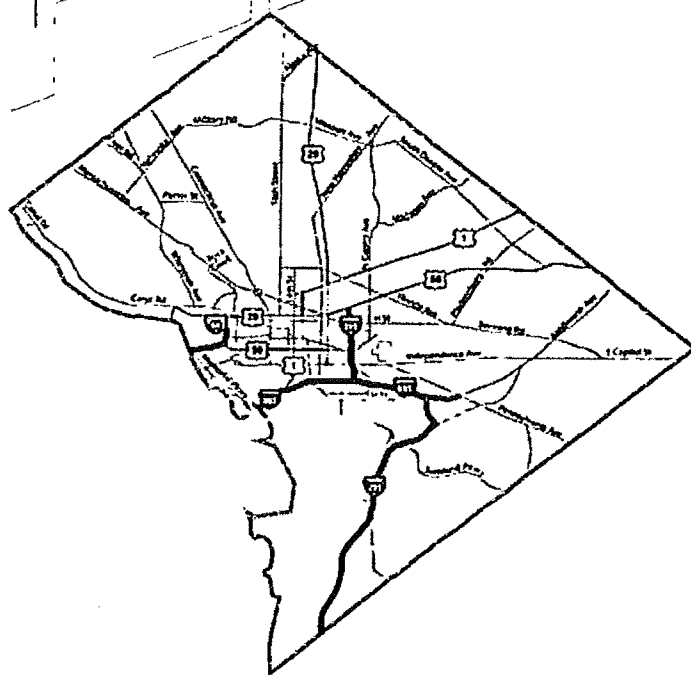
Debe llamar a MTM con tres (3) días de anticipación para hacer su cita, al 1-866-796-0601 y tener la siguiente información disponible:

- Nombre completo del paciente, dirección actual, y número de teléfono.
- Número de identificación del paciente de Medicaid.
- Nombre del doctor, dirección y número de teléfono donde tiene /se acordó la cita.
- Tipo de cita (doctor, terapia, etc.)

* Viajes urgentes pueden ser aceptados con menos de tres días de notificación.

Áreas de Servicio

MTM es responsable de planificar todos los servicios NET dentro de la área metropolitana de Washington D.C., incluyendo Condados de Montgomery y Prince Georges en Maryland y Condados de Fairfax Arlington y la ciudad de Alexandria, en Northern Virginia



Cambios en el programa

- Usted deberá llamar a partir de ahora a MTM
- MTM asignará el modo de transporte basándose en sus necesidades y capacidades medicas.
- Se le preguntará la razón médica de su cita.
- MTM llamará al proveedor de transporte para hacer la cita de su viaje.
- Puede que tenga que usar transporte público.

Números de Contacto para MTM

Usuario Sin Costo de Llamada:
Para realizar una cita de transporte:
1-866-796-0601

¿Cree usted que su transporte se ha retrasado?

Si usted ya tiene una cita previa para retorno, y ha esperado más de 30 minutos, llame a MTM RideFinders.

Si usted ha llamado a su proveedor de transporte después de su cita y ha esperado más de una hora, llame a RideFinders

¿Tiene usted alguna queja?

Si tiene alguna queja sobre los servicios prestados, por favor llame a:

MTM WeCare Line: 1-866-436-0457

MTM RideFinders: 1-888-293-4687



COMRS MIN.
VOL. 317
JAN 13 2010
IMAGE 1109

Date of Service:

Driver's License Number:

Vehicle ID Number (VIN, Last five digits):

[illegible]

***NOTES** T or F Leg indicates the To or From leg for the trip. Example: Picking the recipient up at the residence and transporting to the doctor's office would be considered one leg (To); picking the recipient up at the doctor's office and transporting back to the residence would be considered the second leg of the trip (From). Each leg of the transport must be documented on separate lines. A signature is required for each leg of the transport. AM/PM is indicated for the time of the Scheduled Pickup. No shows will be indicated with NS in the Drop-Off Time.

I certify that all information contained herein is true and accurate, and understand that this statement is made subject to the applicable penalties under federal and state law for making false declarations.

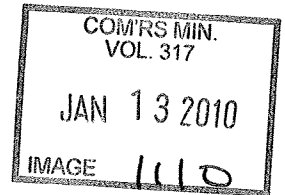
DRIVER'S SIGNATURE:

DRIVER'S PRINTED NAME:



1/29/2008

Medical Transportation Management, INC
16 Hawk Ridge Drive
Lake Saint Louis, MO 63367



FAX: 877-406-0658

Date: [Appointment Date]
Provider ID: [Provider ID]

[Medical Provider Name],

[Medical Provider Street Address]
[Medical Provider City], [Medical Provider State] [Medical Provider Zip]

Please verify that the following recipients arrived for their appointments by marking the appropriate box and faxing this form back to Medical Transportation Management, INC at **877-406-0658** within 48 business hours. Failure to return this form may endanger future transportation for patients.

Line	Patient Name	Arrived	Scheduled But Did Not Arrive	Not Scheduled
[Line Number]	[Member Name]	[]	[]	[]

Signature: _____ Date: _____

Fax completed form back to: 877-406-0658.

Please note any holiday closures below:

Confidentiality Notice

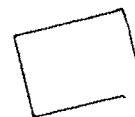
This message is intended for the use of the person or entity to which it is addressed and may contain information, including health information, that is privileged and confidential, and the disclosure of which is governed by the applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is **STRICTLY PROHIBITED**. If you have received this in error, please notify us immediately and destroy the related message. Thank you.

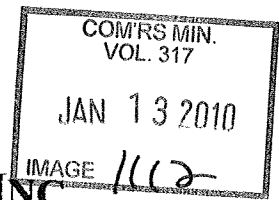
SAMPLE
Monthly Billing Detail File

JAN 13 2010

IMAGE

111

[illegible]



MEDICAL TRANSPORTATION MANAGEMENT, INC.

Policy and Procedure

Dated: June 25, 2007

Policy No. 454

Subject: Electronic Communications – Compliance

Pages: 1 of 12

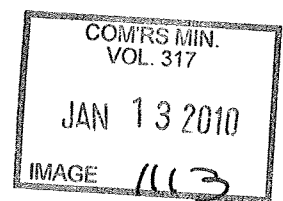
Department: Quality Management

PURPOSE:

MTM's Electronic Communications Policy (the "Policy") outlines the processes and procedures that will be utilized by MTM to minimize risks and maximize benefits of Electronic Communications for MTM, its clients and their enrollees, members, insureds and/or covered persons (collectively, "Covered Persons"). This Policy should be reviewed in conjunction with MTM's Employee Manual.

The use of Electronic Communications Resources to transmit or maintain certain types of information, including, without limitation, Protected Health Information, is subject to federal law, state law, MTM's contractual obligations, and its existing policies, processes and procedures (including its Records Management Policies). The purposes of this Electronic Communications Compliance Policy are:

- to establish policies regarding the privacy, confidentiality and security of Electronic Communications which comply with MTM's obligations under federal law, including, without limitation, the Administrative Simplification Provisions of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder ("HIPAA"), state law, MTM's contractual obligations, and MTM's existing policies, processes and procedures (including its Records Management Policies);
- to ensure that Electronic Communications and Electronic Communication Devices are used for purposes appropriate to MTM's business;
- to inform all MTM employees about the applicability of the laws regarding Electronic Communications;
- to ensure that Electronic Communications and Electronic Communication Devices are used in compliance with those laws and policies; and
- to provide guidance concerning MTM and its employees rights and responsibilities with respect to the proper use of Electronic Communications and Electronic Communication Devices.

**POLICY:**

MTM shall follow a comprehensive set of guidelines, processes and procedures, as described herein, to ensure the appropriate use of Electronic Communications and Electronic Communication Devices in compliance with federal law, state law, MTM's contractual obligations and its existing policies, processes and procedures (including its Record Management Policies). Any violation of this policy will result in an employee's discipline, up to and including termination.

SCOPE:

This Policy applies to any Electronic Communications that are transmitted or received by MTM and/or its employees, whether through Electronic Communication Resources owned or managed by MTM or otherwise.

AUTHORITY:

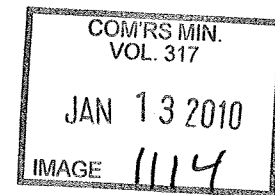
This Policy has been issued by MTM's Director of Compliance under the authority of MTM's Board of Directors and its Quality Management Committee. MTM's Board of Directors and its Quality Management Committee reserve the right to revise or withdraw this Policy and any rules, policies, or procedures under this Policy at any time in order to maintain efficient operations. MTM employees will be notified of any amendments to the Policy. MTM employees are expected to adhere to this Policy in a manner that is supported by MTM, and to exercise good judgment in the discharge of their responsibilities with respect to Electronic Communications and Electronic Communication Resources.

No part of this Policy is intended to supersede any legal or regulatory requirements. Changes to this Policy require approval by the Board of Directors of MTM. Changes in operational procedures, standards, guidelines and technologies, provided, they are consistent with this Policy, may be authorized by the Director of Compliance. The primary responsibility for enforcement of this Policy and its operational procedures rests with the Director of Compliance and with Senior Management.

DEFINITIONS:Authorized Users

Authorized User means any person who uses MTM's Electronic Communication Resources with proper authority. This term includes employees of MTM who have completed the required prerequisites for use such Electronic Communication Resources, as described below. This term does not include persons who are not employees of MTM or persons who are employees of MTM but who have either not completed the required prerequisites for use of such Electronic Communications Equipment or not been properly authorized to use such Electronic Communication Resources. Prerequisites for use of MTM's Electronic Communication Resources are as follows:

- An approved request for access signed by the employee's immediate



supervisor; and

- Completion of mandatory training in the use of MTM's Electronic Communication Resources by the employee

Each employee, including new hires, will receive training on MTM's Electronic Communication Resources by MTM's System Administrator with specific procedural training regarding security and controls (with an emphasis on employee responsibilities and rights in the use of Electronic Communication Resources). In some instances, temporary employees or outside contractor (collectively "Outside Users") may be given authorization to access MTM's Electronic Communication Resources. Outside Users will be given the same training and follow the same policies as MTM's employees with respect to their use of MTM's Electronic Communications Resources.

Electronic Communications

Electronic Communications are identified as the use of Electronic Communication Resources to transmit information about or relating to MTM, its clients or their Covered Persons, from MTM offices or MTM personnel or to receive information about or relating to MTM, its clients or Covered Persons, at MTM offices or by MTM personnel.

Electronic Communications Resources

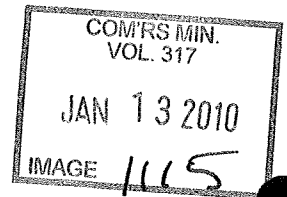
Electronic Communication Resources are identified as the following:

- all electronic information processing and communications equipment employed by MTM or its employees for the purposes of doing MTM's business, including, without limitation, computers, fax machines, wireless email, Internet/Intranet/Extranet access accounts, storage media, network accounts, computer and email instant messaging accounts, and related equipment or documentations located at MTM's offices or disaster recovery site; and
- all electronic information processing and communications equipment employed by MTM or its employees for the purpose of doing MTM's business that is connected to or able to be connected to MTM's offices or disaster recovery site from locations outside of MTM's offices and/or disaster recovery site, including, without limitation, personal information processing and communications equipment and software.

Protected Health Information

Protected Health Information means information which:

- relates to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual; and
- identifies the individual or with respect to which there is a reasonable basis



to believe the information can be used to identify the individual.

INDIRECT VIOLATIONS:

MTM expects that MTM employees will be sensitive to the intent of this Policy and not attempt to do indirectly what this Policy prohibits directly, and will not employ means to defeat the goals this Policy is intended to achieve, even though those means may not be specifically mentioned within this Policy.

OWNERSHIP OF MTM ELECTRONIC COMMUNICATIONS RESOURCES AND INTELLECTUAL PROPERTY:

MTM owns or leases and has the right to specify the use of all of its Electronic Communication Resources. No MTM employee has property interests in any of MTM's Electronic Communication Resources.

All intellectual property developed or conceived by MTM employees during the term of their employment shall be considered "work for hire" and shall be the sole and exclusive property of MTM.

PERSONAL USE:

MTM's Electronic Communication Resources are a corporate asset and should be used primarily for legitimate business purposes. Personal use of MTM's Electronic Communication Resources is not forbidden, but such use:

- Must be limited and not affect work performance and normal business activity
- Must not directly or indirectly interfere with MTM's business operation
- Must not compromise the security or confidentiality of MTM's information and/or Electronic Communications Resources;
- Must not compromise the reputation of MTM; and
- Must not burden MTM with noticeable incremental costs.

Personal use of MTM's Electronic Communication Resources does not include uses which require substantial amounts of time, uses for the profit or economic gain of the employee personally or uses which would otherwise violate MTM's Policies regarding employee time commitment, all of which are strictly prohibited.

While limited personal use is allowed as described above, employees have no reasonable expectation of privacy when using MTM's Electronic Communication Resources for personal use because such use may be monitored and reviewed by MTM.

UNACCEPTABLE USE:

The following activities are unacceptable and are prohibited with respect to use of MTM's Electronic Communication Resources by Authorized Users. The list below is not exhaustive, but provides a framework for identifying activities which would

be considered unacceptable and prohibited for Authorized Users:

- Unlawful Activities – MTM's Electronic Communication Resources must not be used to engage in illegal or wrongful conduct.
- Personal Gain – MTM's Electronic Communication Resources must not be used for personal financial gain.
- Fraudulent Offers – MTM's Electronic Communication Resources must not be used to make fraudulent offers of services, products or items.
- Intellectual Property Infringement – MTM's Electronic Communication Resources must not be used in a manner that infringes on the copyright or other intellectual rights of any third parties.
- Unsubstantial Claims – MTM's Electronic Communication Resources must not be used to exchange gossip, rumors, unsubstantiated claims or personal information about others.
- Discrimination – MTM's Electronic Communication Resources must not be used to send discriminatory messages based on gender, race, age, sexual orientation, disabilities, religious beliefs, political beliefs or other basis that is protected under applicable law.
- Insensitive Language – MTM's Electronic Communication Resources must not be used to send messages containing offensive, derogatory or abusive language.
- Harassment – MTM's Electronic Communication Resources must not be used to conduct personal attacks on others or in a manner that may be construed as harassment or threats or defamation of character.
- Profanity – MTM's Electronic Communication Resources must not be used for profanity.
- Objectionable Material – MTM's Electronic Communication Resources must not be used to send or create pornography or sexually explicit jokes or material.

RESOURCE RESTRICTIONS:

Authorized Users shall not employ MTM's Electronic Communication Resources for purposes that could reasonably be expected to directly or indirectly cause excessive strain to MTM's Electronic Communication Resources, including, but not limited to, the following:

- Chain letters and malicious codes;
- Spam;
- Email bombs;
- Illegal software;
- DOS software;
- Automatic forwarding (do not set up rules to automatically forward email receive in an MTM email inbox to an external email box); and
- Source code (do not send computer source code via email).

EXTERNAL EMAIL SYSTEM AND PERSONAL ACCOUNTS:

- MTM related correspondence or any MTM related information must not be communicated or conducted via external email systems or personal email accounts.
- Accessing external email systems or personal email accounts through use of MTM's Electronic Communication Resources is prohibited.

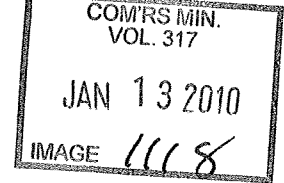
CONFIDENTIALITY AND SECURITY:

Email Confidentiality and Security

Authorized Users should be aware that all Electronic Communications sent and received by MTM Authorized Users are protected by a "firewall", server and http address. Encryption software is also employed to further secure emails transmitted by MTM that contain Protected Health Information. Encryption will be used to the best of MTM's ability. In circumstances where encrypted information cannot be translated by the recipient; however, other avenues of Electronic Communications will be implemented or agreed upon.

In order to protect the security and confidentiality of email, Authorized Users must comply with the following guidelines:

- Authorized User should verify that they have selected the appropriate recipient or intended destination prior to transmitting an email message.
- Authorized User should not share personal mail boxes and passwords.
- Authorized Users should not leave email accessible when away from their desk so others can read or send a message from their computer, or amend or delete emails from their email account.
- Authorized Users will be responsible for all inappropriate email activity from their account.
- Authorized Users should retrieve printed email messages as soon as possible to prevent unauthorized individuals from reading messages containing privileged information.
- Authorized Users should not open emails from an unknown or unsolicited source. Such emails should be deleted.
- Authorized Users should not respond to any email that requests personal or corporate account information. Such emails should just be deleted.
- Authorized Users shall not communicate confidential, competitive or trade secret information of MTM to persons outside of MTM by Electronic Communications.
- Authorized Users shall not send email on which their name or electronic identification is hidden.
- Authorized Users are responsible for their own accounts and cannot provide their account number and/or password information to others.
- Authorized Users shall use email signatures to provide relevant contract information. Email signatures should contain the Authorized Users full name, job title, company name, telephone and fax numbers and MTM's web address.



- Instant Messaging is only to be used for MTM business with approval of the Manager, Technology Infrastructure & IP Telephony.
- Authorized Users must use email notices and fax notices when sending information to third parties that make clear any limitations on the extent to which the messages from the employee may have been understood to be sent on behalf of MTM.

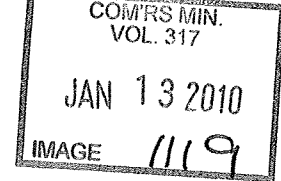
Sample email disclaimer

This e-mail transmission is sent on behalf of MTM, and may be privileged, proprietary or confidential. It is intended only for the intended recipient. If you are the intended recipient or the person responsible for delivering this transmission to the intended recipient, please be advised that you are obligated under federal law, including, without limitation, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), to maintain the confidentiality of the information contained herein. In addition, please be advised that under federal law you may be prohibited from further disclosing this information unless you first obtain the written authorization of the person or persons named therein. In the event you disclose this information without first obtaining such authorization, you may be subject to various fines and penalties under federal law. If you are not the intended recipient or the person responsible for delivering this transmission to the intended recipient, you may not use, disclose, copy or distribute this transmission or take any action in reliance on it. If you received this transmission in error, please notify us immediately by telephone at (xxx-xxx-xxxx) or by email at yyy@MTM-inc.net, or by fax at (xxx-xxx-xxxx), and please dispose of and delete this transmission immediately. Thank you.

Sample fax disclaimer

This facsimile transmission is sent on behalf of MTM, and may be privileged, proprietary or confidential. It is intended only for the intended recipient. If you are the intended recipient or the person responsible for delivering this transmission to the intended recipient, please be advised that you are obligated under federal law, including, without limitation, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), to maintain the confidentiality of the information contained herein. In addition, please be advised that under federal law you may be prohibited from further disclosing this information unless you first obtain the written authorization of the person or persons named therein. In the event you disclose this information without first obtaining such authorization, you may be subject to various fines and penalties under federal law. If you are not the intended recipient or the person responsible for delivering this transmission to the intended recipient, you may not use, disclose, copy or distribute this transmission or take any action in reliance on it. If you received this transmission in error, please notify us immediately by telephone at (xxx-xxx-xxxx) or by email at yyy@MTM-inc.net, or by fax at (xxx-xxx-xxxx), and please dispose of, delete or return this transmission to us immediately. If you return this transmission by mail, we will reimburse your cost related to the transmission and returning it to us. Thank you.

Protection Against Malicious Code



MTM protects its Electronic Communication Resources with anti-virus software that scans for malicious code. Such anti-virus software is approved by the Manager, Technology Infrastructure & IP Telephony. All Authorized Users must reboot their computers and laptops daily in order for the anti-virus software to remain optimally effective.

- The System Administrator is responsible for seeing to it that the computers and laptops are running anti-virus software that included the current definitions of malicious code.
- If an Authorized User suspects that his/her computer or laptop has been infected by malicious code, he/she should not attempt to remove the malicious code without the assistance of the System Administrator or his/her designee. In the event an Authorized User suspects that his/her computer or laptop has been infected, he/she should immediately disconnect from all networks; call the System Administrator; and shut down the computer(s) involved.

Authorized Users are prohibited from disabling anti-virus software running on MTM-provided computers or laptops.

Password

Security passwords have been put into place to reduce potential unauthorized access to MTM's Electronic Communication Resources and Electronic Communications. The System Administrator will need to be contacted to unlock access.

- If an Authorized User suspects that his/her password has been disclosed to or learned by unauthorized parties, he or she must notify the System Administrator immediately and passwords must be immediately changed.
- Authorized Users should not store passwords in readable forms.
- Authorized Users should not send passwords electronically.

Email Encryption

MTM will make best efforts to encrypt Electronic Communications when required by contractual language or as is advisable under HIPAA. In circumstances where MTM has provided appropriate encryption and the recipient is unable to translate the encryption, MTM will suggest and/or provide alternative Electronic Communication formats, such as providing password protected Excel files, sending information that if compiled would be identified as PHI in separate emails so that PHI is not identifiable or in other mutually agreed upon formats. Authorized Users may encrypt their Electronic Communications with approved software provided by MTM. The software must provide MTM the ability for retention of any key necessary to access encrypted messages. Keys must be kept under the secure control of the System Administrator at all times.

Confidentiality

Confidential MTM information must be held in the strictest of confidence. Emails which contain confidential information should be identified as "CONFIDENTIAL"

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IMAGE 1120

within the subject line and/or apply appropriate password protection or encryption.

- Authorized Users should avoid using the confidential file names within the subject matter if the use of such names could disclose the confidential information.
- Authorized Users should not send files which are password protected in the same e-mail in which the password is sent. The password should be sent under separate e-mail and subject matter.
- Financial information and media inquiries are not to be disclosed or responded to by anyone other than the designated person and response should be provided within an approved medium.
- Employee information is not to be transmitted; all requests for employee information should be referred to MTM's Human Resources Department.

Portable Resources

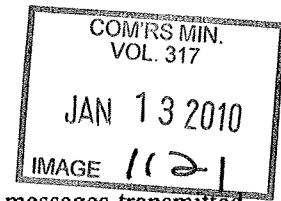
Laptops, notebooks, palm pilots, PDA's, cell phones, cell phone/PDA combinations, and pagers are considered Electronic Communications Resources. Confidential information should not be kept on these devices. Further, these devices should not be used for long-term storage of MTM or customer data. Portable resources should be password protected and placed under lock and key when not in use. Portable resources will be configured with necessary controls and security features.

Remote Access and Uses

In certain circumstances MTM may permit certain Authorized User access to the MTM network to work remotely, either permanently or temporarily. In these circumstances, MTM may, in its discretion, provide MTM owned or leased Electronic Communications Resources to such employees for their use in working remotely ("Remote ECR"). All equipment, software and information stored within such Electronic Communications Resources are themselves considered Electronic Communications Resources and are the property of MTM.

- All Remote ECR must be returned to MTM prior to employee termination.
- Remote ECR must not be altered in any way without the System Administrator's approval.
- Any exchange of MTM data from the remote location network to MTM's network must be conducted using one or more security features or procedures approved by the System Administrator.
- Authorized Users must immediately report loss of or damage to Remote ECR.
- MTM reserves the right, with or without notice, to conduct inspections of the remote location from which any employee is working.
- MTM may withdraw an employee's privileges to work at a remote location if MTM is not satisfied with the security arrangements at the remote location.

MONITORING, AUDITING AND ACCESSING:



MTM has the right to monitor, audit, and access all files and messages transmitted from, received by or stored on MTM's Electronic Communications Resources in order to maintain and protect MTM's compliance standards, to ensure compliance with such standards, to ensure proper operation of the Electronic Communications Resources, to measure network activities and to identify suspicious activity. Monitoring is used to obtain information that is relevant to the workplace, but it may incidentally result in the monitoring of confidential personal information about an employee. Therefore, employees should have no expectation of privacy with regard to their use of MTM's Electronic Communications Resources.

Surveillance Software

MTM may use system software and system utilities to log, analyze and document the use of Electronic Communications Resources. Supervisors may receive reports generated from such software. The surveillance software may also be applied to transmissions with MTM's network from remote locations and portable devices. Systemic Electronic Communications Resources monitoring is allowed for business purposes, including employee supervision. All employees will be informed of such monitoring and will be asked to consent to such monitoring as a condition of employment.

Extent of Access and Disclosure

Authorized managers or supervisors may disclose private electronics communications or files of an employee to MTM for any valid business purpose. Employees will be informed of and required to consent to this Policy as a condition of employment.

MANAGING EMAIL:

All Electronic Communications exchanged between employees and internal and external sources are the property of MTM and must be stored in the original form and designated location.

Acceptable locations for storage are:

- Corporate Email server,
- PST files stored in the network corporate drives,
- Back-up tapes,
- Corporate Email archive,
- Employee's MTM -- provided computer or laptop hard drive.

Accessible Data

All electronic data that is stored in the above stated locations are deemed accessible and discoverable in the event of legal discovery and regulatory investigations. Confidential and/or privileged data is protected and may be excluded from any requests.

Email Record Retention

MTM treats email as business records. Business records are subject to federal, state and local laws, as well as MTM's Records Management Policies. This Policy is not intended to replace MTM's current Records Management Policies, but to enforce an automated archiving system for emails as required by applicable regulations. Any email sent or received by MTM employees through use of MTM Electronic Communications Resources falls within this category. Email retention or archiving is a matter of regulatory compliance and is not to be used for ordinary operational purposes and is not a substitute for daily email management. MTM applies a consistent retention schedule to all electronic information; all electronic communications will be automatically archived for six (6) years with the exception of the following:

- Fiscal Correspondence – all information regarding revenue and expense shall be retained for seven (7) years.
- Legal Correspondence – such as business agreements, trademarks, and lawsuits are to be kept for seven (7) years.
- Sarbanes-Oxley Audit Records – all correspondence sent or received related to audit will be maintained for five (5) years from the end of the fiscal period of which the audit was conducted.
- Auditor Correspondence – all correspondence is to be retained for seven (7) years.

SUSPENSION OF RETENTION POLICY:

All electronic records which relate to an issue currently in litigation or which MTM has notice or should know of the potential for litigation will be retained as directed by legal counsel, regardless of the original retention schedule.

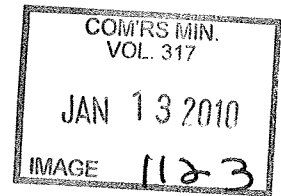
DATA DISPOSITION PROCEDURE:

MTM has implemented a process to periodically delete emails from the Authorized User's mailbox as follows:

- Deleted box – messages are automatically deleted after thirty (30) days.
- Outbox and sent box – messages deleted if older than thirty (30) days.
- In box – messages are deleted if they are older than ninety (90) days.

Disposition of Data from the Archive

Corporate data will routinely be disposed of after its retention period and upon the approval of the Systems Administrator and legal counsel. Electronic records relevant to anticipated litigation and those that are placed on litigation hold will be held until the litigation process is complete. If the litigation process is shorter than the record retention maturation timeline, the records will be held until the retention maturation date. If the litigation process is longer than the retention timeline, records will be held until the litigation process is completed.



REPORTING VIOLATIONS AND ENFORCEMENT:

Every Authorized User has the responsibility to report all suspected and known violations of this policy. All issues are to be immediately reported to the Manager, Technology Infrastructure & IP Telephony, so that prompt action can be taken. Any use of MTM Electronic Communications Resources by an unauthorized user is prohibited and should be reported immediately to the Manager, Technology Infrastructure & IP Telephony. Failure to confirm to this Policy or any provisions of it provides a basis for disciplinary action, up to and including termination of employment.

APPROVED BY:

Vice President, Operations

Date

President/CEO

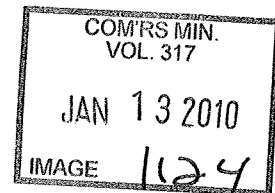
Date

Original/Effective Date: 6/25/07

Reviewed/Revised: 3/7/08, 2/16/09

Next Scheduled Review: 6/25/08, 3/7/09, 2/16/10

MTM
2009 Quality Management Work Plan



MTM's Quality Management Committee (QMC) (**Attachment A**) is responsible for overseeing the design of and fostering an approach to continuously improving quality, establishing quality improvement responsibilities in the organization and setting strategic priorities for quality assessment and improvement.

Organizational Leadership

MTM executive leadership (**Attachment B**) is key to assuring an organization-wide commitment to improving quality and assuring that quality improvement is given a high priority among MTM's activities, inclusive of important processes that cross department/ service lines.

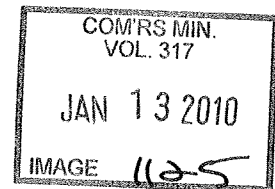
Approach to Continuously Improving Quality

MTM's Quality Management Staff is responsible for overseeing the design of the organization's approach to improving quality and for assuring that the identified approach is carried out as identified within the 2009 Quality Management Program.

Designing the approach to continuously improve quality includes determining, but not limited to the following:

- How the indicators and initiatives for ongoing monitoring will be identified and chosen;
- How feedback of information regarding quality-related issues can be used to discern opportunities for improvement;
- How data will be collected and organized;
- How priorities for assessment and improvement methods will be established;
- How assessment and improvement methods will be applied; and
- How quality related information will be communicated throughout MTM, to its clients, providers and communities.

Department Directors/ Managers are accountable for seeing that activities within their departments are encompassed by the monitoring and evaluation activities. Specific accountabilities for each indicator are identified within the 2009 Quality Management Program.



Priorities for Assessment and Improvement

Within MTM's management staff, the most important responsibilities are overseeing the setting of priorities for assessment and improvement. Priority setting will be based on the review of the findings from ongoing monitoring, as well as other feedback of information that may indicate an opportunity to improve the quality of care and service(s); the priorities will be set for evaluation and improvement. MTM has designed a team concept to continuously improve the quality of care and service(s) it provides to its customers. MTM will employ methods of continuous quality improvement to achieve its mission.

MTM defines its vision in a mission statement, "Medical Transportation Management (MTM) strives to bring a direct and honest approach to the creation of innovative solutions for today's health and social concerns, particularly in access to medical care, medical program management, information management and new product development."

MTM's executive management is responsible for supporting and sustaining the improvement process within MTM.

SCOPE OF CARE & SERVICE

All services MTM provides are considered when setting indicators for ongoing monitoring and all departments contribute to the identification of these key indicators.

MTM's key indicators are those indicators, which have the greatest affect on the quality of care/services a recipient or client ultimately receives.

JAN 13 2010

IMAGE 1126

2009 QUALITY WORKPLAN INDICATOR TABLE

By identifying the key 2007 Quality Indicators, MTM/center can delineate its scope of care and services. Quality Management focuses on the understanding and improvement of the functions and processes involved in organization's activities.

Quality Management

#	INDICATOR	GOAL	REPORT FREQUENCY
001	Complaint Rate	3% or less	Monthly
002	Resolution Rate	92% of all complaints will be resolved per Client contract timeframes.	Monthly
003	Compliance Audit Rates	90% of Compliance Audits will result in 85% or better:	Monthly
004	Operator Errors	2% or less	Monthly
005	Verified trips	5% of all trips will be verified per Client.	Quarterly
006	Customer Service Center Audits	95% or better average per audit on CSR performance evaluation	Quarterly
007	Complaints by Reason Code	Tracking and trending	Monthly
008	Risk Management	Tracking by type, vendor and Client	Quarterly
009	HIPAA Disclosure	90% compliance with HIPAA Disclosure Policy	Quarterly
010	Customer Satisfaction Survey	95% for all Customer Service Centers/3% completed	Monthly
011	Customer Survey Results- Overall Satisfaction	92%	Monthly
012	Social Service Survey	Overall satisfaction of good or better 90%	Annually

Network Management

#	INDICATOR	GOAL	REPORT FREQUENCY
001	Vendor Non-Compliance	5% or less vendors are closed for non compliance	Monthly
002	Vendor Satisfaction	85% or better vendor satisfaction/20% return rate	Semi-annually
003	Vendor Complaint	3% or less complaint rate	Monthly
004	Vendor No Show	3% or less No Show rate	Monthly
005	Vendor Cancellation	3% or less cancellation rate	Monthly
006	Vendor On time Performance	90% of vendors are on-time	Quarterly

Customer Service

#	INDICATOR	GOAL	REPORT FREQUENCY
001	Abandon Rate	The quarterly average for abandonment is 5% or less for all Customer Service Centers.	Monthly
002	Speed to Answer	The quarterly average for answering the telephone by a non-recorded voice is within 30 seconds per Customer Service Center.	Monthly

Utilization/Case Management

#	INDICATOR	GOAL	REPORT FREQUENCY
001	RTP verification	Overall goal 90%	Monthly

002	Consistency in mode of transport determination	90% by inter-rator audit	Monthly
-----	--	--------------------------	---------

Client Services

#	INDICATOR	GOAL	REPORT FREQUENCY
001	Member No Show Rate	5% or less	Monthly
002	Client Satisfaction	90% rate Excellent or Good	Annually

Thresholds for Evaluation

MTM establishes for each indicator, a mechanism to determine when further evaluation must be triggered. For MTM a threshold for evaluation is a predetermined level of performance. Thresholds trigger when evaluations need to be initiated, but they are not the only way evaluation is initiated. Even when a threshold is reached, there may need to be evaluation on an aspect of service to determine whether variation can or should be reduced or whether the mean performance can be improved.

Collection and Organization of Data

For each indicator, data will be collected and organized so that a threshold can be applied and a determination will be made to identify if further evaluation is required. Data collection will be concurrent and retrospective. Sampling will be used as appropriate for high volume aspects of care/services, the sample size and sample selection method will be established.

Findings

Findings shall be reported on a monthly or quarterly basis. The timing of the reports will depend on the specific indicator. The indicators will be reported monthly, bimonthly, quarterly, semi-annually or annually.

If the findings or evaluation identifies and opportunity for improvement, actions will be recommended to the QMC and undertaken as directed by the QMC. Pilot projects may be recommended.

Assessment of Effectiveness

Monitoring and evaluation will continue after actions are taken, it will be determined by QMC whether the actions actually improved care or service and that the improvement is maintained.

Review of subsequent findings and recommendation for further action: The findings from continued monitoring (or from special follow-up monitoring, for areas not subject to ongoing monitoring) will provide evidence to determine whether the actions were effective and what the barriers were to achieving a desired outcome. Data from more than one monitoring period will be necessary to make determinations. If the indicator measured does not improve within the expected time, the accountable person(s) will be responsible for initiating further evaluation and determining further action. Accountable persons will be responsible for finding as they continue to be compiled. Ongoing follow-up monitoring should ultimately show that meaningful improvement is maintained.

Results

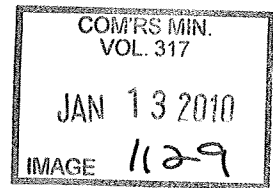
To close the loop of monitoring and evaluating our 2009 Indicators, the QMC will report the conclusions, recommendations, actions, and follow-up to the Board of Directors, Executive staff, transportation providers as necessary, clients and appropriate staff.

Summary

MTM's 2009 Work Plan is built on the monitoring and evaluation process within continuous quality improvement. With any continuous quality improvement process there may be modifications to the QM Work Plan. Modifications within this QM Work Plan may include, but not be limited to:

- Placing emphasis on the leadership role in improving quality;
- Expanding the scope of assessment and improvement activities;
- Utilizing other sources of feedback (in addition to ongoing indicator monitoring) to trigger appropriate evaluations and improvements within MTM, such as community/ client response and feedback.
- Organizing the assessment and improvement activities around services, with specific attention to how the "recipient, client and provider" relationships can be improved.
- Emphasizing continuous improvement rather than only solving identified problems; and,
- Maintaining improvement over time.

MTM's 2009 QM Work Plan will provide the basis for ongoing assessment and improvement of care and services.



Approved: _____
Manager, Quality Management Date

Approved: _____
Vice President, Operations Date

Approved: _____
President/CEO Date

JAN 13 2010

IMAGE 1130

QUALITY IMPROVEMENT PROGRAM 2009

MTM, INC.

- ❑ Board of Directors
- ❑ Peg Griswold, Chair of the Board
- ❑ Alaina Macia, President/CEO

- ❑ Donald Tiemeyer, Executive Vice President,
General Counsel

MEDICAL TRANSPORTATION MANAGEMENT, INC. Quality Improvement Committee

- ❑ Tina Doyle, Vice President Operations- co-chair
- ❑ Tom Sweeney, Vice President, Contracting and Network
Management
- ❑ Barbara Platten, Program Director for Minnesota
- ❑ Yolandra Plummer, Program Director for Washington
D.C,
- ❑ Ravonda Price, Manager, Quality Management- chair
- ❑ Sheila Canter, Call Center Supervisor
- ❑ Scott LaVeine- Manager, Accounting

JAN 13 2010

IMAGE 1131


MTM
 Medical Transportation
 Management, Inc.

Here's Why Government Programs Select MTM as their Transportation Manager

State, County, and Human Services organizations select MTM as their transportation manager due to our extensive experience and its ability to help meet specific goals. While the transportation programs are unique to the regions and populations served, very often, many of the same goals exist from one program to the next. Typically, these goals include reducing or containing costs, improving quality, increasing access, standardizing the transportation provider selection process, increased reporting, tracking/trending of information, ensuring safety, reducing fraud and abuse, and mitigating risk.



Every Trip Is Important

Other transportation managers offer similar services to those of MTM with varying results. The distinctive factor of MTM's management model is **higher level of customer service**, and a proven ability to provide customized solutions as opposed to the one-size-fits-all approach of other transportation managers. MTM's management model and array of services allows for **custom-built solutions** to fit the needs of clients' programs. Each client's situation is different and MTM readily adapts its approach accordingly. **Flexibility** and **resourcefulness** are vital to the transportation management industry. MTM's proprietary software is customizable, which for example, verifies member eligibility accurately based on data provided by the client.

MTM also applies its industry-leading level-of-need assessment process, which ensures the passenger rides in the most appropriate mode of transportation based on the rider's physical or cognitive abilities. This process has proven tremendously successful in reducing or containing program costs by maximizing public transportation and inappropriate use of higher cost modes.

Another distinction of MTM is its **reporting capability**. They collect, track, trend, and analyze program data to give clients a higher-level understanding of how transportation dollars are spent. The reports help clients identify possible areas for **outreach and education** or potential fraud and abuse of the program. By monitoring of how funds are spent, clients can design program improvements based on historical information and identified trends.

MTM is trusted steward of its clients' funds. The transportation manager has the ability to negotiate competitive pricing among transportation providers, search for innovative ways to reduce program costs, and strictly adheres to client protocols. Clients can select all of MTM's services or collaborate to create a customized transportation solution.

MTM has proven processes and proven experience in achieving cost containment goals without sacrificing recipient satisfaction.

All of these efforts work together to reduce or contain costs of the NET/NEMT programs under MTM's management. MTM has proven processes and extensive experience in achieving cost containment goals without sacrificing passenger satisfaction.

Albany County, NY

- Decreased overall program cost by 79% by assigning the most appropriate mode of transportation.

District of Columbia

- Savings of \$7 million in the first year by introducing public transit and upholding client protocols.

Minnesota

- Savings of \$5 million per year since contracting with MTM because of our customized level-of-need screening process.

Missouri - Nation's first statewide contract

- Reduced per trip costs by 50%, introduced personal mileage reimbursement as an option for beneficiaries.

Orange County, NY

- \$600,000 cost savings despite 11% increase in utilization and 24% increase in gas prices.

Philadelphia County

- Reduced per trip costs by 20% by moving 50% of the population to public transportation.

South Carolina

- Provided 35% more trips at 10% less cost by reducing inappropriate ambulance use and by introducing personal mileage reimbursement.

MTM has consistently reduced cost for clients while building a comprehensive network, providing safeguards to reduce fraud and abuse, and increasing overall efficiency.

"We have always been impressed with MTM's ability to effectively manage the costs of the program without sacrificing consumer service delivery."

David Jolly, Commissioner, Orange County DSS

JAN 13 2010

IMAGE 1132


MTM
 Medical Transportation
 Management, Inc.

Here's Why Managed Care Organizations Select Mtm As Their Transportation Manager

Medicaid and Medicare Managed Care Organizations (MCO) select MTM as their transportation manager due to a proven ability to help meet the MCO's program goals. While the transportation programs are unique to the regions and populations served, very often, many of the same goals exist from one program to the next. Typically, these goals include reducing administrative responsibilities for the plan, containing costs, improving quality, increasing access, increasing membership for the plan, credentialing transportation providers, increasing customer satisfaction, ensuring safety, and mitigating risk.



Every Trip Is Important

Other transportation managers offer similar services to those of MTM, but with varying results. The distinctive factor of MTM's management model is **higher level of customer service**, and a proven ability to provide customized solutions as opposed to the one-size-fits-all approach of other transportation managers. MTM's management model and array of services allows for **custom-built solutions** to fit the needs of clients' programs. Each client's situation is different and MTM readily adapt its approach accordingly. **Flexibility** and **resourcefulness** are vital to the transportation management industry. MTM's proprietary software is customizable to meet clients' precise protocols.

MTM stands apart from the competition through:

- Care Management Department
- Weekly Satisfaction Surveys
- Comprehensive Education, Training and Outreach Plan
- Innovative Solutions
- Extensive and Customizable Reporting
- Commitment to Quality
- Cost-Containment Strategies

MTM is trusted steward of its clients' funds. The transportation manager has the ability to negotiate competitive pricing among transportation providers, search for innovative ways to reduce program costs, and strictly adhere to client protocols. Clients can select all of MTM's services or collaborate to create a customized transportation benefit. All of these factors help to contain costs and stretch the transportation budgets of MTM clients.

Health plan clients select MTM to help **improve the overall health** of the member population. MTM ensures MCO members have reliable access to regular health care and urgent trips. By ensuring that members attend routine medical visits, or have access to care before a health issue escalates, MTM's services decrease the need for more-costly trips to the emergency room. In addition, as health-plan consumers have so many options from which to choose, the health plans must **attract and retain membership**. MTM's high quality standards help the plans achieve this goal.

Health plan clients appreciate MTM's dedicated Client Services department, which provides the health plan with ready access to answer questions, help analyze trends, and ensure the program functions optimally. MTM is the only transportation manager that offers health plans a **dedicated Client Services Department**. Health plan clients also appreciate the ability to find proactive solutions through MTM's advanced reporting capabilities. MTM provides monthly and ad hoc reports, which contain information on trending, rather than merely raw data. MTM's transportation management processes and reporting has enabled some health plan clients to create Emergency Room Diversion Programs and organize community educational outreach programs. Due to increasing access to health care and the resulting improved customer satisfaction, MTM can **help health plans raise their HEDIS scores**. Better health at a lower cost - MTM's services makes good sense for health plan clients.

"MTM has always been willing to provide staff for HCUSA member outreach events. Most recently, MTM has worked with our Disease Case Manager Nurses to implement a priority transportation program."

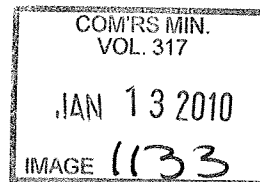
Gene Poisson, Vice President, Network Management, HealthCare USA of Missouri, LLC

An MTM Success Story

MTM helps Orange County, NY **Exceed** their stated goals



MTM
Medical Transportation
Management, Inc.



Challenge:

Federal and State Medicaid requirements mandate providing transportation to medical appointments for Medicaid consumers when there is no other transportation available. This transportation benefit is known as Non-emergency Medical Transportation or NEMT. Orange County, New York Division of Social Services' (DSS) NEMT program from 2001 to 2004, experienced costs increases, on average, of over \$400,000 each year. Along with rising costs, the program suffered poor service issues and insufficient technological support. Orange County DSS sought solutions to reduce costs and improve the quality of service. Orange County DSS developed specific goals to address the program's shortcomings.

The program goals included:

- reduce average trip costs
- produce efficiencies for callers scheduling trips (caller wait times)
- provide after hours access to transportation
- updated phone and information system
- contain annual costs
- reduce out-of-county trips, which are more costly
- develop a stronger infrastructure for future services and cost containment capabilities
- reduce fraud, enhance safety
- increase utilization of public transportation
- personal mileage reimbursement

Solution:

Medical Transportation Management, Inc (MTM) developed industry-leading processes to help its clients meet cost and program efficiency goals. MTM's level-of-need screening process requires a medical authority to verify if the member is physically and cognitively capable of safely using the lower modes of transportation. In addition, MTM uses a state-of-the-art phone system and its proprietary GIS-based NET Management System.

MTM is the only transportation broker with proprietary software designed to automate virtually every function of the NET program. This level of automation helps ensure it clients the lowest-cost program available. The NET Management System supports the life cycle of a contract and each trip. This system supports eligibility downloads, records call intake, serves as a NET provider information bank, aides in trip reconciliation and generates and stores encounter data enabling MTM to consistently apply eligibility processes and policies.

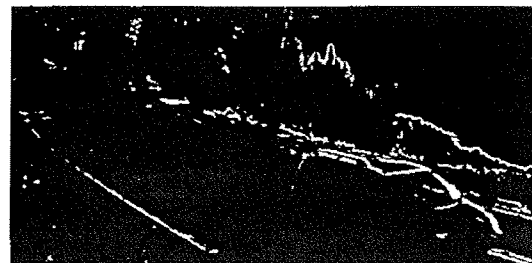
Results:

MTM began service in Orange County, New York in 2005 and successfully lowered costs by over \$200,000 the first year. This is especially significant considering that during this time, ridership increased by 11% and gas prices increased 24%.

Through MTM's level-of-need process, MTM was able to achieve this first-year savings by shifting roughly 2,500 trips to public transportation, increasing personal mileage reimbursement by 3,500 trips and decreasing ambulance trips by 10%.

"We are pleased to report that we have exceeded our targeted performance measures in the area of cost savings, transportation improvements and service delivery. Last quarter, we averaged 93% satisfied in our consumer satisfaction surveys while maintaining a consistent average cost per trip. We achieved an enhanced transportation service delivery system while holding the line in terms of costs. Our relationship with MTM is the cornerstone of these achievements and we look forward to continuing this success in the future. We have always been impressed with MTM's ability to effectively manage the costs of the program without sacrificing consumer service delivery."

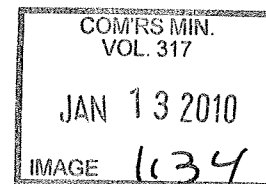
David Jolly, Commissioner Orange County
Department of Social Services



Case Study - Albany (NY) County Medicaid Non-Emergency Medical Transportation Program



Albany County's Medicaid Non-Emergency Medical Transportation (NEMT) Program currently delivers exceptional service to 17,000 recipients via more than 264,000 trips per year. Program usage and costs are appropriately controlled and taxpayers are receiving a significant return on their tax dollars.



Albany County provides this program with minimal oversight. The transportation vendors are fully credentialed, and members have reported excellent customer satisfaction. Albany County clearly benefited in many ways when they chose Medical Transportation Management (MTM) to manage their NEMT program.

Program Background –

MTM began managing the Albany County Medicaid NEMT program in January 2003. Prior to MTM's management, Albany County was dissatisfied with the quality of service being provided. There was significant potential for fraud and abuse, the program required a great deal of oversight by Albany County, and the costs of the program were continually rising.

Albany County sought a NEMT management company that could provide the level of service required, minimize the need for oversight, and deliver the program in the most cost-effective manner possible.

After a thorough evaluation of the NEMT management companies available, Albany County chose MTM. Albany County was impressed with MTM's:

- Successful track record
- Commitment to exceptional service
- Reputation with customers and transportation providers
- Ability to understand the specific needs of the local community being served.

Program Goals –

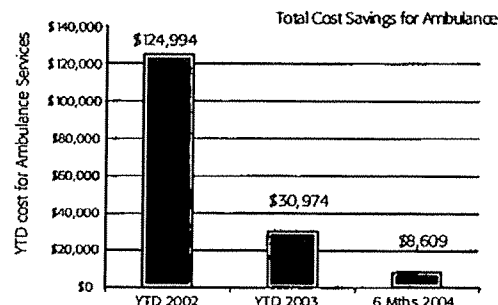
MTM's goals for the first year were to:

- Reduce and control costs
- Prevent fraud and abuse
- Improve quality and reduce liability
- Increase access to healthcare
- Minimize County oversight and management requirements

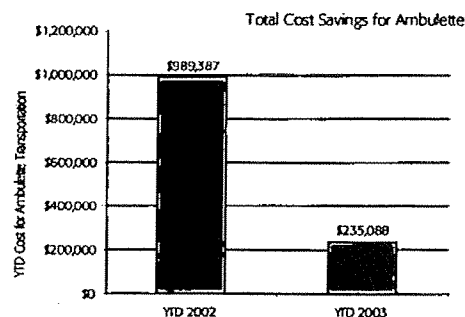
Reducing and Controlling Costs –

MTM's first task when taking on this program was to ensure that the appropriate mode of transportation was being provided only to those eligible to receive it. MTM discovered that hospitals and healthcare facilities had frequently requested higher levels of transportation services than necessary, and services were being provided to ineligible individuals.

MTM implemented strict screening processes to eliminate inappropriate use of transportation services and reduce the number of high cost modes. These changes resulted in a 52% reduction of ambulance trips, freeing ambulances for vital emergency needs, and a over 75% reduction in associated costs.



In addition to addressing ambulance transportation, MTM monitored ambulette utilization (defined as non-ambulatory, such as a wheelchair lift vehicle). In this area, MTM was able to achieve a 49% reduction in the number of trips and a 36% reduction in associated costs year-to-date.



Despite a 12% increase in the number of eligible recipients within the first six months of MTM's management of the transportation program, Albany County's total cost of transportation decreased 2%, and the total number of trips was reduced by 10%.

JAN 13 2010

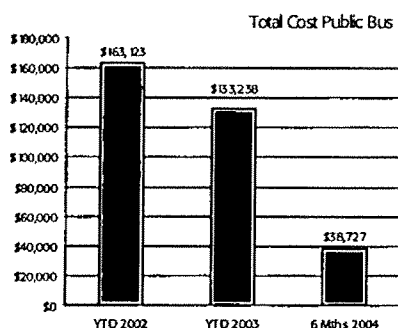
IMAGE

1135

Preventing Fraud and Abuse –

Prior to MTM managing the program, local facilities distributed bus passes and tokens without screening for Albany County Medicaid eligibility. In addition, services were being provided to individuals covered under different county Medicaid programs, and unused or missing passes and tokens were not tracked or reported.

MTM established distribution procedures for bus passes and tokens and developed processes for tracking and reconciling each facility's inventory. Thus, bus transportation is now being provided only to those who are eligible, the number of bus trips has decreased, and costs have been reduced by 7%, while maintaining a 65% bus utilization for eligible recipients.



Improving Quality and Reducing Liability –

Under MTM's management, transportation providers, including taxis, are committed to delivering high-quality, safe transportation services. MTM conducts transportation vendor education seminars to ensure the level of service is as high as possible. MTM's Quality Improvement Department monitors all services provided and tracks any incident that occurs.

In the event an incident occurs, it is reported within 24 hours, a thorough investigation is conducted, and it is resolved quickly. MTM ensures that providers take the appropriate corrective actions and provide the required documentation.

MTM has reduced Albany County's liability by enforcing transportation provider compliance in areas such as driver background checks, vehicle inspections, site visits, and driver training. Various insurance providers categorize MTM's vendors as "low risk" transportation companies due to their adherence to MTM's strict guidelines, and subsequently pay reduced insurance premiums.

Customer satisfaction is substantially higher and the healthcare facilities acknowledge tremendous improvement in the overall transportation program. MTM has achieved an overall satisfaction rate of 99.75% in all areas of the program – from customer service center intake to vehicles and driver services.

Increasing Access to Healthcare –

Prior to MTM's management, Albany County's recipients were frequently denied non-ambulatory transportation due to limited vehicle capacity.

MTM's Network Development Department recruited transportation providers in the rural communities and encouraged current providers to add vehicles to increase capacity. This resulted in the establishment of three new transportation providers and the significant expansion of two others.

MTM is committed to continually developing a variety of transportation services and increasing the number of vehicles available for individuals living outside of the urban districts.

Minimizing Management Oversight –

MTM provides Albany County monthly summary reports within 45 days of month end, a substantial improvement over the six-month delay in receiving reports prior to MTM's management. The timely receipt of reports allows MTM and Albany County to make immediate and effective adjustments in the program, as needed.

Albany County has access to MTM's extensive management services. This direct link to MTM's extensive management system, including transportation specialists working with local providers, social service representatives in daily contact with local facilities, and customer service representatives scheduling and monitoring all trips, has significantly reduced the need for oversight and additional staffing by Albany County's Department of Social Services.

MTM and Albany Today –

MTM has developed strong support in the local communities through face-to-face meetings with the organizations involved and by establishing maintaining relationships with local transportation providers, the local bus entity CDTA/ACCESS, and local healthcare providers. The local community benefits, as tax dollars remain in Albany County.

Albany County's NEMT program, under MTM's management, is delivering the appropriate level of service to eligible recipients in the most cost-effective manner possible and Albany County, its recipients, taxpayers, and providers are all extremely satisfied with the program.

About MTM –

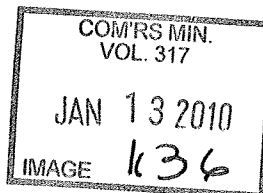
Each year, MTM satisfies the NEMT needs of 1.8 million people. Our portfolio consists of 30 state, county, and Managed Care Organization clients. We currently manage programs in Arkansas, Illinois, Indiana, Michigan, Minnesota, Missouri, New Jersey, New York, and Virginia. We currently contract with 340+ transportation providers with over 3,500 vehicles.

MTM is a privately held corporation and a certified Woman-Owned Business Enterprise (WBE). For additional information, please visit our website at www.mtm-inc.net.

Ed Shannon, Albany County's Executive Director for Planning:

"Albany County awarded a contract to MTM, Inc. for brokering non-emergency medical transportation services beginning in 2003. The transition from the previous broker was as smoothly handled as possible. MTM, Inc. won the award in large part on the basis of its quality assurance, its clear commitment to the needs of the consumers and the County and its sophisticated management and reporting capabilities. Once MTM began managing our nearly \$2 million transportation program, we realized containment in transportation costs for the next year and a half. We are very pleased with the high level of satisfaction reported in our County and continue to look forward to MTM's transportation management skills."





Increasing Access While Containing Cost

Challenge:

Albany County, New York Department for Aging (DFA) faced several challenges regarding transportation for eligible seniors. These challenges included a growing population trying to access insufficient and inefficient transportation services. The number of adults age 60 and over in Albany County accounts for 18.2% of the population and is growing quickly. Due to this trend, Senior Service Centers faced understaffing and heavy workloads. The Senior Service Providers also had difficulty becoming approved providers of Non-emergency Medical Transportation (NEMT) services, due to their status as not-for-profit agencies. In addition, timely reporting and accounting of the transportation program was often delayed, inaccurate and incomplete. Albany County sought a transportation broker to improve data collection time and accuracy, increase program access, and provide cost-efficiencies for the Department for Aging. In 2006, Albany County conducted a competitive bid process combining the Department of Social Service (DSS) NEMT program DFA services.



Solution:

MTM had successfully served the NEMT program for DSS since 2003 and won the 2006 award of the combined contract. MTM designed a program that integrated both the NEMT and the Transportation Services for Eligible Seniors Transportation through the Department for Aging. By integrating more transportation programs, MTM could better ensure that the most cost-effective transportation program existed in Albany County.

After investigation, MTM was able to certify Senior Service Providers for age 60 and over ambulatory Medicaid transportation. MTM was then able to coordinate Department of Aging trips with Medicaid trips in order to maximize efficiency. MTM's system and expertise allowed for full integration of both programs and 100% trip reconciliation and verification to eliminate opportunities for fraud and abuse.

In order to ensure an adequate number of service providers, MTM contracted with an additional Senior Service Center, as well as charities and volunteer organizations, which are able to provide low cost transportation services.

Results:

Prior to MTM's management of the Albany County Department for Aging transportation program, less than 1,450 individuals used transportation services annually at a cost of nearly half a million dollars. In less than two years, more individuals utilized the service for a total of 38,638 trips annually at a cost of \$373,301.00. MTM provided more trips at less cost.

Additional providers and additional Medicaid trips allowed Senior Service Centers to increase their service area at a discounted rate. Customer Surveys completed in the last half of 2007 indicate a 96% satisfaction rate with MTM's management of the program. Albany County representatives are also pleased with MTM's efficient reporting, high quality service and reduced costs.

Through MTM's innovative solutions, Albany County is now the most cutting-edge County in New York for coordination of transportation with reference to the United We Ride Executive Order.

MTM, Inc.
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CS008-1-2009


MTM
 Medical Transportation
 Management, Inc.

Minnesota saves \$5 million annually in Medicaid transportation costs

Challenge:

The Minnesota Department of Human Services (DHS) managed its non-emergency transportation (NEMT) program. Service levels included curb-to-curb, known as Access Transportation Services (ATS) and door-to-door/door-through-door, known as Special Transportation Services (STS). The ratio of STS to ATS trips was 75% to 25%. Like most things, the higher level of services cost more. Transportation providers could elevate a Medicaid recipient's level of service without justification. Under this model, NEMT costs continued to rise and the program suffered rampant fraud and abuse. To improve the program, DHS sought a transportation manager to provide oversight, contain cost, and reduce fraud and abuse.



Solution:

In 2004, DHS awarded MTM the NEMT contract for seven counties surrounding the Minneapolis, St. Paul area. The transportation manager eliminated transportation providers' ability to elevate the level of service. Instead, MTM developed a nurse-supervised level-of-need (LON) screening process. The LON process requires input from medical practitioners to determine the most appropriate mode of transportation for the Medicaid recipient's medical and cognitive condition and abilities.

Results:

By instituting the LON process, MTM safely reduced the number of the more-costly STS trips and successfully transitioned qualified Medicaid recipients to ATS. This shifted the ratio of STS to ATS trips from 25% to 75%, inverting the ratio. As a result, DHS experienced a 25% savings on transportation costs, which equates to a savings of over \$5 million per year from 2004 to 2007. Through appropriate mode assignment achieved with medical practitioners input, fraud and abuse of the system was significantly reduced. Due to the success of the program, MTM received the award of an additional four counties. In 2006, DHS awarded MTM a contract for statewide LON screening of STS.

"Since MTM's management of our transportation program, costs as well as fraud, waste and abuse have decreased, all the while access to transportation has increased. We're quite satisfied with the way MTM has handled the transition to a managed program; it has promoted the appropriate mode of transport based on the individual recipient's needs while being sensitive and focused on customer satisfaction. That's why we chose to renew our contract with MTM and expand it to include full STS brokerage. We fully expect, after the transition period is over and all issues with the transition have been resolved, that we will see increased cost savings and coordination of services."

Christine C. Reisdorf, Manager, Health Services Policy Development

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CS001-2-2009

At MTM, Customer Service is still **King**

Challenge:

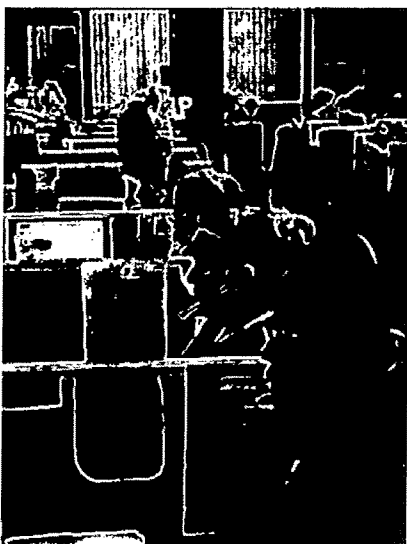
The managed care market is highly competitive, and identifying real value can be challenging. In 2007, Children's Mercy Family Health Partners (CMFHP) sought cost savings for their growing operation, which was expanding from serving members in Missouri to include Kansas. Prior to the expansion, Medical Transportation Management, Inc. (MTM) effectively handled the members in Missouri with high satisfaction ratings. CMFHP valued this satisfaction, but assumed that another broker with a lower bid would provide the same results. Following a competitive bid process, CMFHP contracted with another broker to handle the expanded (Missouri and Kansas) operations.

Solution:

After only six months with the cheapest bidder, CMFHP returned to MTM to serve both the Missouri and Kansas members because they recognized the value we provide beyond simply a lower price. Through our proven best practices, automated management system, and sincere commitment to quality, MTM is able to maintain very high member satisfaction rates while keeping costs low.

Results:

According to weekly satisfaction surveys of CMFHP members in 2008, MTM maintained a satisfaction rate of over 94% with realistic pricing. As one health plan administrator recently said, "Price, as always, is an important consideration. However, there are other factors to take in to consideration."



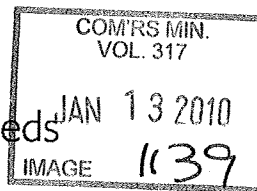
"MTM has consistently shown itself to be a leader in the field of NEMT, as well as the leader in terms of quality. In early 2007 we changed NEMT providers, but returned to them [MTM] just a few months later, we missed the commitment to service and flexibility provided by MTM."

Cindy Mense, Director of Customer Relations,
Children's Mercy Family Health Partners, Missouri MCO



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CS004-1-2009

An MTM Success Story MTM Meets Individual Transportation Needs



MTM
Medical Transportation
Management, Inc.

Challenge:

In an effort to promote independent living and community integration of individuals with Intellectual and Developmental Disabilities (IDD), the Chesapeake, Virginia Community Services Board (CCSB) sought safe, reliable transportation to vocational, training, and adult daycare programs. CCSB needed a transportation manager that understood the value of vocational, educational, and supportive services for IDD participants and their families. The transportation manager also needed to have the ability to interface with the social and human services organizations to communicate needs and address sensitivities of participants.

Solution:

In 2004, CCSB awarded Medical Transportation Management, Inc. (MTM) the non-emergency transportation contract following a competitive bid process. MTM demonstrated a clear understanding of the special needs of individuals receiving services through CCSB programs. MTM scheduled and arranged transportation to and from home, day care, and work programs, determining the most appropriate and economical mode of transportation for each participant.

MTM negotiated cost-effective, full service contracts with local transportation companies and provided clear safety and service guidelines, then monitored the transportation companies' performance. This ensured safe, consistent service delivery. MTM also provided oversight of the program through specially trained Care Managers and conducted ongoing meetings with social and human services agencies.

Results:

CCSB received reliable transportation, cost-effective operations, and program satisfaction of key stakeholders, such as IDD participants, their families, transportation providers, and participating program facilities. Due to the success of MTM as the transportation manager, CCSB re-awarded the contract to MTM in 2008 following another competitive bid process.



"MTM has worked with us to help meet the many individual transportation needs of our consumers who have intellectual and sometimes physical disabilities. Without their service, many of our consumers would not be able to participate in daily work activities or day support programs. MTM has shown a commitment to provide safe and reliable transportation and we are happy to partner with them."

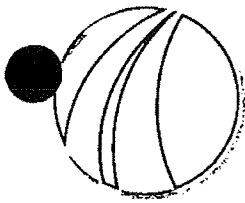
Brenda Crockett McGee, Mental Retardation Program Director

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CS005-1-2009





MTM news

Medical Transportation
Management, Inc.

Volume 10, Issue 1, Fourth Quarter 2008

VOL. 317

JAN 13 2010

IMAGE 1140



Breath of Fresh Air

Imagine living in a quaint, New England town where you could literally walk most everywhere you wanted to go then moving to an area that requires accessing a major thoroughfare to get most places. Now, close your eyes and imagine your new environment as a blind person. That's the challenge Jodi Ianuzzi faced eight years ago when she moved to the bedroom community of Martin County, Florida. Ianuzzi is blind and uses a guided dog (a shepherd named Orsa) to navigate her active schedule. Martin County is a paradise for boating and retirees. Pedestrians- not so much.

In January 2009, MTM began serving as the Community Transportation Coordinator (CTC) for the Martin County's Metropolitan Planning Organization (MPO). Under this contract, MTM arranges transportation to medical and non-medical services for transportation disadvantaged people like Ianuzzi. This includes Medicaid clients, individuals with physical or intellectual disabilities, the elderly, rural residents, and the economically disenfranchised.

Ianuzzi has "nothing but praise" for MTM. She said, "MTM has been such a nice service! It is such a breath of fresh air. I really appreciate the service and the friendly people at dispatch [customer service center]." She added, "When I call dispatch, I am treated with dignity. They are courteous and nice and go out of their way to schedule your trip. The difference in service is night and day. I am thrilled." She also said that she and her fellow passengers appreciate that MTM provides expanded hours, reduced the advance notice time from two weeks to three days, is flexible to meet the specific need of a situation, and has great customer service.



Ron Marovich, MTM's Florida Program Manager said, "We have accomplished a smooth transition, and look forward to meeting the needs of the community."

Feedback from passengers and facilities has been very positive." Jennifer Murphy, a veteran nephrology social worker at Treasure Coast Kidney Center North in Martin County said, "Our patients deal with many obstacles and a major one being transportation. This has been a thorn in my back since day one. However, since meeting Ron and Anna Lee, my life as well as my patients' lives have become less stressful." She said the extended hours of operation are tremendously helpful and calming. "Dialysis is not a perfect science and many times our patients would not be ready at the exact time they were suppose [to be picked up]. We are thankful and appreciative of MTM's services. Ron and staff have helped us tremendously."

Jamie Redditt, President of the Braille International, Inc. echoed appreciation for Ron, "I appreciate the coordination that Ron Marovich has done in arranging the transportation of our employees to work at Braille International. Ron has personally come by Braille International to make sure that our visually impaired employees do not have any problems in their rides from home to work."

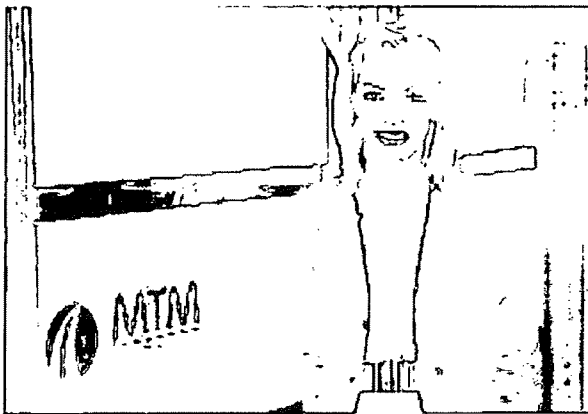
Marovich has over thirty years of experience in transportation management. Throughout his career, Marovich has always placed a high priority on contract compliance and customer service.

About Ron, Ianuzzi said, "He has been really terrific. He goes out of his way for people."

MTM's Vice President of Client Services, Kim Matreci said, "As the CTC, MTM will manage risk, maintain quality and safety standards by providing comprehensive networks of credentialed transportation providers and provide administrative oversight for the public transportation entity within the county operated by Community Coach. MTM was selected to take over this contract due to its advance technology, reporting capabilities and experience in managing multiple funding sources while improving outcomes. The previous CTC had the contract for 17 years; this is a great opportunity for MTM to expand regionally in the State of Florida."

Message from Alaina

"Unless needy individuals can actually get to and from providers of services, the entire goal of a state Medicaid program is inhibited," National Health Law Program (February 2008). This principle is true not only of our Medicaid programs, but all the transportation programs we manage. Whether for job access, elderly transportation, or children's programs- transportation to and from available services helps to make those services effective. The transportation disadvantaged will experience further disadvantages if they do not have access to community programs that serve their respective needs.



MTM understands this very well. In our efforts to remove transportation barriers, MTM seeks to be the premier manager of non-emergency transportation services, providing safe, reliable transportation for our passengers and the best value for our clients.

To this end, we continually look for ways to increase productivity, improve customer service, and reduce costs. That is why we recently upgraded our telephony backbone. As MTM looks to meet the needs of our existing clients as well as future clients, we want to ensure that we maintain leading edge technology and software feature sets. The upgrade essentially replaced the previous telephony backbone, created significant redundancy, and provided improved systematic quality monitoring tools. In addition, the upgrade will allow MTM to handle three times the clients we currently have, along with greater inbound call capacity for the future. Innovations like this help to maximize the budgets of our clients and keep their transportation programs viable.

We wish you well, and look forward to helping our transportation providers, clients and the individuals they serve move through these tenuous economic times.

Have a Beautiful Spring,

Alaina Macia
President and CEO

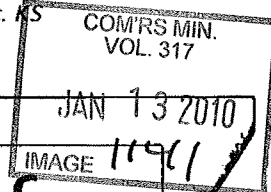
Alaina Macia

MTM Welcomes New Clients

South Carolina Department of Social Services
Unison Health Plan of Ohio

MTM Welcomes New Transportation Providers

Non Profit Emergency Services of Beaver County
Non Profit Emergency Services of Beaver County
Non Profit Emergency Services of Beaver County
Non Profit Emergency Services of Beaver County
Non-Profit Emergency Services of Beaver County, PA
Spring Valley Regional Center for Youth, Inc. KS



Time is of the Essence

Contract compliance is important in any business, particularly so in non-emergency transportation. MTM makes special effort to ensure we meet all the contractual requirements of all our clients. In turn, our clients appreciate the stringent standards we hold for transportation providers.

So at this time, we want to take some time to discuss, er...time; or at least discuss the documenting of time on the trip log completed by drivers. In order to compute our clients' request for time standard compliance, drivers must record four times on the trip log for each leg of each trip.

Exactly what are the four times, you ask? The four times are:

1. **Appointment time** (the time the client is scheduled to arrive at the destination location check in)
2. **Arrival time at the pick up destination** (the time the driver arrives at the pickup location)
3. **Departure time at the pick up destination** (the time the driver leaves the pickup destination after the passenger is safely on board)
4. **Arrival time at the drop off destination**

The driver must complete the trip log to include the date, the four times mentioned above using a.m. or p.m. designation or military time, and the passenger/representative's signature.

Thanks for taking the time to share this information with all your drivers. Let your Network Rep know if you have any questions. Until next time- Happy Trails.

● The Heat Is On!

At 211 degrees, water is hot. At 212 degrees, it boils, and with boiling water, comes steam. With steam, you can power a train.

One extra degree of effort in business and life separates the good from the great.

MTM's DC office recently held an inspirational and eye opening training day that included a motivational, interactive presentation called "212°- The Extra Degree." The training included excerpts from the best seller, "The Tipping Point" by Malcolm Gladwell.

● DC staff engaged in discussions and team building exercises that challenged them to see the difference giving just a little bit extra makes in achieving success. Participants learned that the extra degree of effort applies to personal as well as professional endeavors.

"The 212 Training Day was very informative. We worked on team building and customer service skills. It has been weeks since the training and I can really see a difference where CSR's and even different departments are working together to make our job enjoyable and successful," said Eduardo Fitzhugh, CSC Supervisor.

Eduardo Fitzhugh, CSC Supervisor and Sharyn Hill, Network Management Representative, look on during the lively discussion. The drawings in the background depict self assessments developed as part of the training exercise.

● Visit <http://www.212movie.com/index.html> to view the inspiring, brief video.

Nothing could be finer than to be in South Carolina

The South Carolina Customer Service Center and business office celebrated its one year anniversary on March 10. The office, located in Anderson, SC, was opened after the South Carolina Department of Health and Human Services awarded MTM a contract for managing Medicaid non-emergency transportation for two of the State's six regions. This office provides dedicated management from within the State and benefits the local economy. The office began with 17 employees and today houses 28 employees serving South Carolina and other clients.



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MAGE 1142

Often, implementation of a new program is critical to its overall success. It is also the time when many program beneficiaries may be dissatisfied due to the change. MTM met the challenge and produced positive results early in the program. According to an independent study by the University of South Carolina's Institute for Public Service and Policy Research, 88% of beneficiaries were either "very satisfied" or "somewhat satisfied" with the service. Greater than half of those polled felt that service was better than prior to MTM's management.

Now with a local office in place for a year, the program continues to improve and satisfaction with the program is growing even higher. It is all made possible by the dedicated, local staff in Anderson. According to South Carolina Program Manager, Paula Pratt, "The South Carolina Customer Service Center established a goal to provide exceptional service and build lasting relationships in the communities we serve."

"The employees strive to be the best every day. I am so proud to be a part of such an extraordinary group of dedicated people," said Pratt.

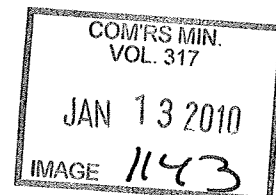
Notes from Network Management



- Please remember to keep all records relating to services provided for MTM for ten years. This is an extended time from the previously required seven years.
- Things to look for in 2009:
 - MTM will update the contract and Transportation Providers Guidelines to address changes in CMS regulations.
 - More online capabilities- details will be forthcoming.
- Please return the annual satisfaction survey if you have not already done so. The surveys were faxed to you in February.

Thanks for all you do.

Sincerely,
MTM Network Management

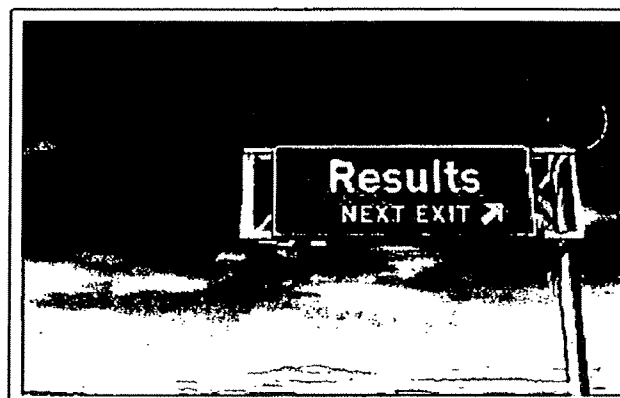


Gateway Health Plan Visits MTM Pulaski Customer Service Center

The Pulaski, Virginia office rolled out the red carpet recently for new client, Gateway Health Plan. Gateway joined the MTM family on January 1, 2009 and visited the VA customer service center in early March. Consistent communication between the client and MTM helps ensure effective management of the health plan.

Gateway's Manager of Medicare Administration, Angela Jackson, and Government Affairs Specialist, Tom Campbell felt that a personal visit to the customer service center would give a good understanding of all the benefits MTM provides the health plan. During this visit, the two reviewed the requirements set forth in the service agreement to ensure compliance and listened to live calls from Gateway health plan members.

"It is reassuring to Gateway to know you have a committed staff dedicated to providing quality service to Gateway's members," said Jackson.



Brain Arnold, Virginia's Customer Service Center Manager said, "It was our pleasure to have Angela and Tom as our guests. We look forward to a great relationship with Gateway." He added, "The Pulaski staff did an outstanding job in welcoming our guests and I could not be more proud of my team's constant demonstration of the pride they take in their work." Established in 1992, Gateway Health Plan provides services to 250,000 members eligible for Medical Assistance. In 2006, the company added Medicare AssuredSM. With more than 24,000 members, Medicare AssuredSM has become one of the largest Medicare Special Needs Plan in the nation for the dually-eligible population.

Out & About

Kim Matreci, Jim Rea, and Nathan Mueller exhibited at the Medicare Advantage Congress (MAC) conference held February 9-11 2009, in San Diego, California. The MAC conferences have focused on Medicare Managed Care since 1997 and feature:

- State of the Union Address: How Congress' decision will affect Medicare Advantage
- CMS Update on the Status of Medicare Advantage
- CMS Plans on Improving Communication with Health Plans
- Academic, Industry, Policy & Provider View Points on the Impact of Legislation on Medicare Advantage
- Plan Perspective on How Small Plans can Survive in a Land of Giants
- The Northern Plains Alliance Case Study on the Outcome of the Merger Plans across 7 states

The conference brings together experts breaking new ground on Medicare plan operations, financial management, product development, marketing and sales, and clinical excellence. Matreci said, "MTM always learns so much at the MAC, we appreciate the opportunity to get out amongst the decision makers in Medicare to hear the latest updates on how it will affect the industry, so MTM remains proactive in this market."



The Medicaid Managed Care Summit held February 24 through 26, 2009 in Washington D.C. was attended by Jim Rea, and Nathan Mueller. The conference convened over 150 delegates from state and government agencies and health care plans to discuss issues facing Medicaid.

The conference provides access to the best practices and innovations in managing the care of Medicaid, taking into account current trends, model programs, research results, and new approaches.

Rea said, "The conference brings together the combined experience of states, health plans and federal officials to address how to administer Medicaid Managed Care programs in the middle of states' healthcare budget crises." The conference highlighted strategies and operations used to manage and improve the Medicaid Managed Care system.



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Kim Matreci and Clyde Collins attended the International Customer Management Institute (ICMI) Call Center Demonstration & Conference held February 25 - 27 2009 in sunny Miami, Florida.

Collins said, "The 3 day ICMI conference is an educational program filled with real-life best practices and solutions to help implement a more efficient and streamlined contact center. The conference was an invaluable opportunity to network with other call center management staffers that are facing the same challenges that I face. Many of the sessions that I attended were designed to increase the efficiencies of a small call center. I have been able to bring back ideas from the conference and begin to implement new ideas, such as a new call center help desk that the Quality Management Committee just approved."

The Conference featured such critical topics as:

- Creating and managing a successful home agent program
- Tackling the challenges of running a small call center
- Motivating your team

Matreci added, "This conference not only demonstrated new call center products and best practice options, it was a way to measure the success of MTM's customer service centers against industry standards. With this kind of comparison, we can now continue to concentrate on exceeding our client's expectations."

Paula Pratt and Mike Pace of MTM's South Carolina staff attended the Transportation Association of South Carolina (TASC) Conference & Trade Show, a six day mega gathering February 6 through 11, 2009, held in Conway, South Carolina. Pratt and Pace joined other South Carolina transportation industry representatives to see the new products and meet with Local, State, and Federal Officials. An annual event, TASC trains new members, displays the latest in industry products and services available, and provides opportunities for networking. TASC Conference attendees are transit service providers, executive directors, education officials, and their staff, including human resources, procurement, finance, maintenance, training, vehicle operators, and quality assurance. Local, State, and Federal Officials also attend.

Pratt said, "This is a great way to network with our industry peers at all levels while nurturing already established and successful relationships with South Carolina transportation stakeholders in our network."

MNet staffers Jackie Brown, and Donae Leftwich exhibited at Handi Medical Supply Conference on February 13, 2009 attended by some 3,000.

"This was an educational conference for medical providers, social workers, facilities etc. MNet was a vendor in this conference and provided information to individuals that came to our table inquiring on the services we provide MA recipients," said Brown.

"There are also home health care providers, rehabilitation counselors, and respiratory therapists that attend as well as care givers from group homes, it is a great way to personalize MNET/MTM to the MN health care community," Leftwich added.

Sample State Plan

December 2007 Reporting

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IMAGE 1145

SAMPLE

Prepared: 3/7/2008 1:14:38 PM

JAN 13 2010

IMAGE

1196

Report Terms Defined

Additional Passengers - Any Passenger that is riding with the member that the trip is scheduled for.

Backdated - Trips that were entered into the system after they occurred.

Completed Trip Legs - Any amount of legs that were scheduled and completed. The maximum number of legs that can be completed per trip is two.

Cancelled (Other) - All trips that were cancelled for reasons such as computer problems, misinformation, operator error, duplicate trip entered, etcetera.

Cancelled By Member - All trips that were cancelled by the member or on behalf of the member.

Cancelled By Reconciliation - All trips that were cancelled by Reconciliation for any reason.

Denied Trips - All trips that were denied for reasons such as eligibility, enrollment, service not covered, inappropriate facility, etcetera.

Members Received On File - The number of members who were made eligible on the file.

No Show By Member - All trips where the member either was not available for pickup or cancelled the trip to the driver at the time of pickup on any leg.

No Show By Vendor - All trips where the vendor did not show up to pick up the member on any leg of the trip.

Number of Unique Members - The total number of members that took at least one trip.

Total Eligible Members - The sum of the number of members made eligible on the file plus the number of members made eligible manually.

Turnback Percent - The total number of reservations rejected by a vendor divided by the total number of reservations offered to that vendor.

The Quarterly Data is the data that corresponds to the preceding 4 calendar quarters. For example, if the current month is September 2007, the leftmost quarterly column will represent Q4-2006 (Oct, Nov, Dec) and the rightmost column will represent Q3-2007 (July, Aug, Sept).

Summary Information

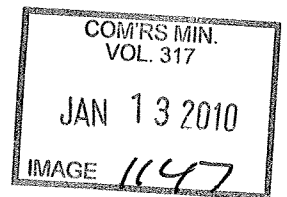
Utilization Information	Q1-2007	Q2-2007	Q3-2007	Q4-2007	Dec	2007 YTD
Members in MTM Trip Entry System	39,000	38,922	39,321	39,488	39,677	39,183
No Show By Member	272	133	148	273	140	826
Total Trip Legs	71,251	72,353	72,147	68,968	20,774	284,719
Unique Members Utilizing Transportation	2,687	2,717	2,832	2,769	1,744	4,786
Utilization Rate	31.76%	32.22%	31.85%	30.35%	27.38%	31.54%

Phone Statistics

Calls Offered	15,062	13,894	14,447	15,524	5,074	58,927
Calls Answered	13,653	12,985	13,203	14,808	4,798	54,649
Abandon Percent	4.65%	4.08%	4.70%	4.50%	4.73%	4.49%
Average Speed of Answer (in seconds)	26	20	26	25	24	24

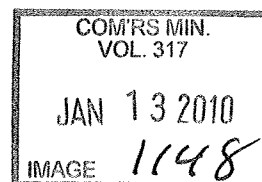
Complaint Information

Provider No Show	22	28	40	25	5	115
Provider Timeliness	15	31	25	20	4	91
Provider Service Quality	2	5	4	1	1	12
Driver Behavior	7	8	13	7	3	35
Internal Complaint	0	1	0	4	3	5
Miscellaneous	4	0	1	1	0	6
Complaints per Reservation	0.13%	0.19%	0.22%	0.16%	0.14%	0.17%



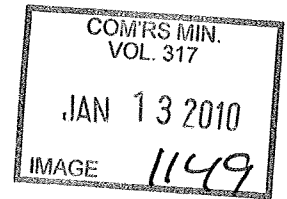
Completed Legs by Trip Reason Code

Reason Code	Trip Legs	Percent of All
62 Behavioral Health	4,716	22.70%
53 Drug Rehabilitation	2,626	12.64%
4 Dialysis	2,337	11.25%
84 Community Psychiatric Rehabilitation	1,936	9.32%
81 Alcohol Rehabilitation	1,598	7.69%
68 Specialist	1,433	6.90%
29 Counselor, Psychologist, Social Worker	1,152	5.55%
23 Primary Care Physician	770	3.71%
64 Day Treatment Program	610	2.94%
28 Psychiatrist	597	2.87%
80 Adult Day Care	531	2.56%
22 Physical Therapy	446	2.15%
3 Dental Services	265	1.28%
55 TBI Waivers	231	1.11%
42 Radiology Services (i.e. - X-Rays)	153	0.74%
10 Hospital - Discharge	141	0.68%
14 Laboratory Services	130	0.63%
40 OB/GYN Services	127	0.61%
58 Ophthalmologist	119	0.57%
41 Radiation Treatments	108	0.52%
24 Podiatry	80	0.39%
17 Optical	76	0.37%
12 Hospital - Outpatient Services	76	0.37%



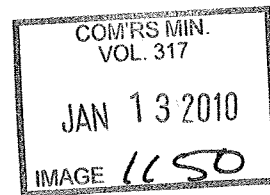
Completed Legs by Trip Reason Code

Reason Code	Trip Legs	Percent of All
48 Pediatric Services	74	0.36%
36 Hospital Visitation	54	0.26%
15 Occupational Therapy	50	0.24%
57 Non Medical Trip/Reason	48	0.23%
34 Chemotherapy	44	0.21%
94 Speech Therapy	32	0.15%
35 Cardiac Rehabilitation	32	0.15%
51 Miscellaneous Commercial Trips	30	0.14%
20 Pain Management	24	0.12%
38 Mammogram	21	0.10%
9 Hospital - Inpatient Services/Admission	20	0.10%
60 Transportation To An Urgent Care Facility	14	0.07%
27 Prosthetic	11	0.05%
47 Vision/Hearing Screenings	10	0.05%
18 Orthotic Shoes	10	0.05%
61 Transportation From An Urgent Care Facility	7	0.03%
25 Prenatal Services	6	0.03%
13 Immunizations	5	0.02%
46 Physical Exam	4	0.02%
5 Drug Abuse Evaluation To Enter Treatment	4	0.02%
52 Court Ordered Exams Or Appointments	4	0.02%
71 Emergency Room-To	3	0.01%
33 Diabetic Supplies And Education	2	0.01%

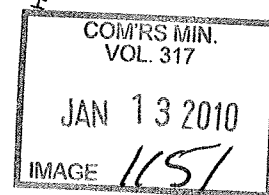
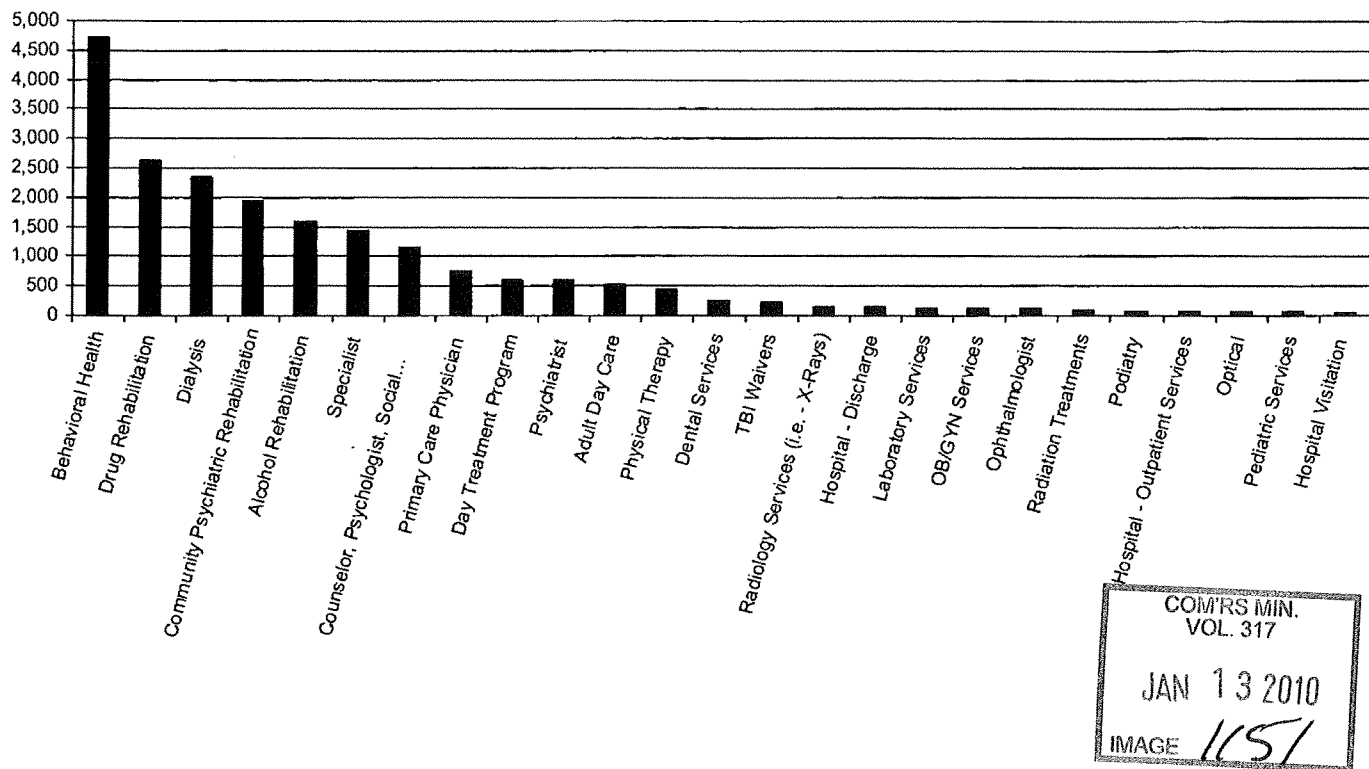


Completed Legs by Trip Reason Code

Reason Code	Trip Legs	Percent of All
8 Hearing Aids	2	0.01%
6 Durable Medical Equipment	2	0.01%
96 SSI Determination Medical Appointments	2	0.01%
11 Hospital To Hospital	1	0.00%
Total	20,774	100.00%

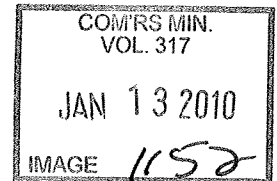


Completed Legs by Trip Reason Code (Most Used)



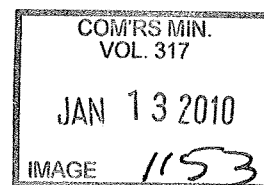
Trip Cost by Trip Reason Code

Reason Code	Total Cost	Per Leg Cost	Percent of All
4 Dialysis	\$59,185.36	\$25.33	23.06%
84 Community Psychiatric Rehabilitation	\$40,527.87	\$20.93	15.79%
68 Specialist	\$31,250.15	\$21.81	12.18%
29 Counselor, Psychologist, Social Worker	\$16,966.99	\$14.73	6.61%
23 Primary Care Physician	\$13,918.70	\$18.08	5.42%
64 Day Treatment Program	\$11,381.79	\$18.66	4.43%
80 Adult Day Care	\$9,487.62	\$17.87	3.70%
28 Psychiatrist	\$9,230.62	\$15.46	3.60%
22 Physical Therapy	\$8,581.19	\$19.24	3.34%
53 Drug Rehabilitation	\$7,767.34	\$2.96	3.03%
3 Dental Services	\$5,895.18	\$22.25	2.30%
62 Behavioral Health	\$5,485.13	\$1.16	2.14%
55 TBI Waivers	\$4,836.97	\$20.94	1.88%
10 Hospital - Discharge	\$3,947.78	\$28.00	1.54%
42 Radiology Services (i.e. - X-Rays)	\$3,761.96	\$24.59	1.47%
41 Radiation Treatments	\$3,684.97	\$34.12	1.44%
58 Ophthalmologist	\$2,704.20	\$22.72	1.05%
14 Laboratory Services	\$2,031.02	\$15.62	0.79%
81 Alcohol Rehabilitation	\$1,897.43	\$1.19	0.74%
40 OB/GYN Services	\$1,862.99	\$14.67	0.73%
12 Hospital - Outpatient Services	\$1,718.24	\$22.61	0.67%
17 Optical	\$1,468.35	\$19.32	0.57%
24 Podiatry	\$1,162.18	\$14.53	0.45%
48 Pediatric Services	\$988.01	\$13.35	0.38%
57 Non Medical Trip/Reason	\$859.15	\$17.90	0.33%



Trip Cost by Trip Reason Code

Reason Code	Total Cost	Per Leg Cost	Percent of All
51 Miscellaneous Commercial Trips	\$835.20	\$27.84	0.33%
34 Chemotherapy	\$802.43	\$18.24	0.31%
9 Hospital - Inpatient Services/Admission	\$559.56	\$27.98	0.22%
94 Speech Therapy	\$530.20	\$16.57	0.21%
20 Pain Management	\$404.36	\$16.85	0.16%
35 Cardiac Rehabilitation	\$390.50	\$12.20	0.15%
18 Orthotic Shoes	\$357.60	\$35.76	0.14%
15 Occupational Therapy	\$326.90	\$6.54	0.13%
47 Vision/Hearing Screenings	\$259.68	\$25.97	0.10%
27 Prosthetic	\$219.75	\$19.98	0.09%
36 Hospital Visitation	\$192.00	\$3.56	0.07%
38 Mammogram	\$166.50	\$7.93	0.06%
60 Transportation To An Urgent Care Facility	\$164.82	\$11.77	0.06%
25 Prenatal Services	\$141.40	\$23.57	0.06%
13 Immunizations	\$107.00	\$21.40	0.04%
52 Court Ordered Exams Or Appointments	\$102.60	\$25.65	0.04%
61 Transportation From An Urgent Care Facility	\$98.65	\$14.09	0.04%
5 Drug Abuse Evaluation To Enter Treatment	\$78.60	\$19.65	0.03%
8 Hearing Aids	\$72.90	\$36.45	0.03%
33 Diabetic Supplies And Education	\$70.20	\$35.10	0.03%
46 Physical Exam	\$62.42	\$15.61	0.02%
71 Emergency Room-To	\$43.65	\$14.55	0.02%
6 Durable Medical Equipment	\$26.30	\$13.15	0.01%
96 SSI Determination Medical Appointments	\$18.80	\$9.40	0.01%
11 Hospital To Hospital	\$9.40	\$9.40	0.00%



Total	\$256,642.61	\$12.35	100.00%
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Sample State Plan

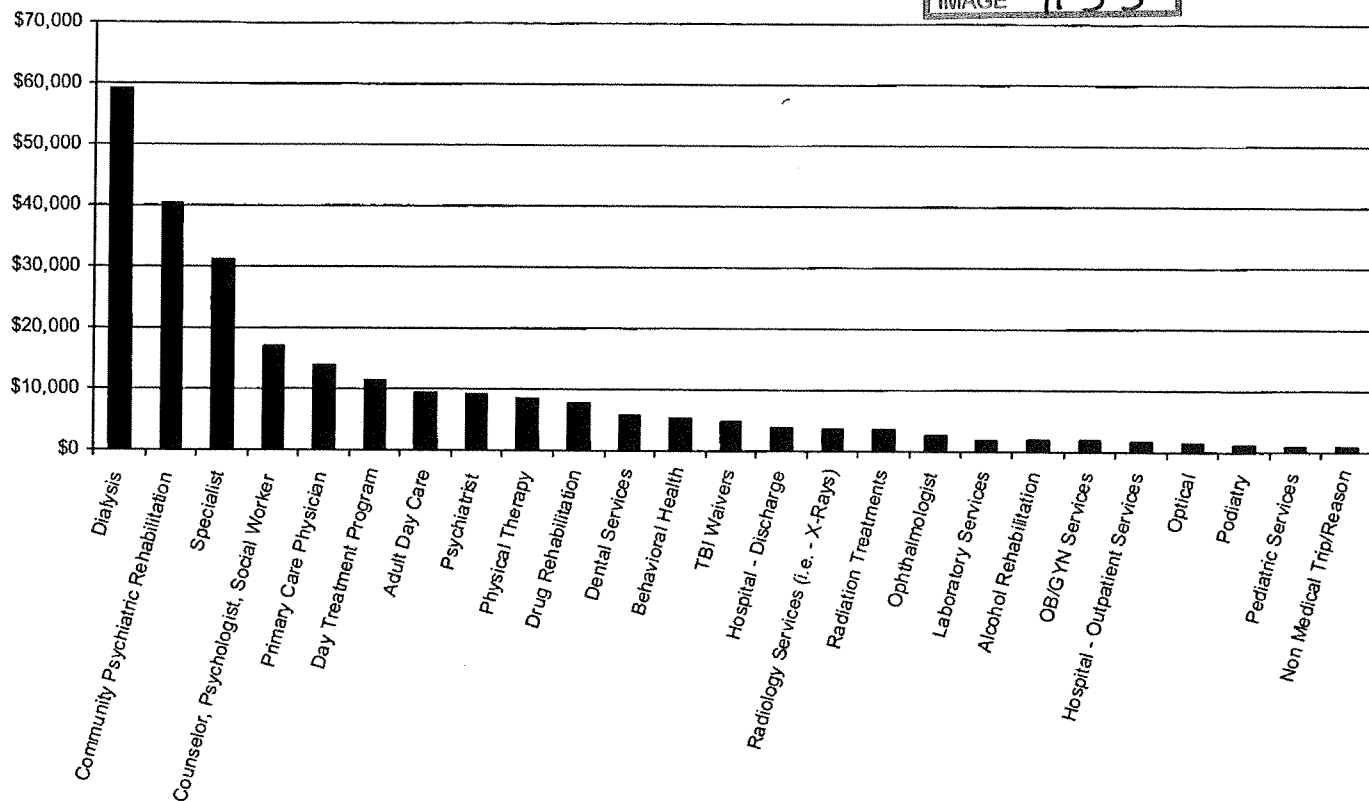


Reporting on: 12/2007, Q4-2007

JAN 13 2010

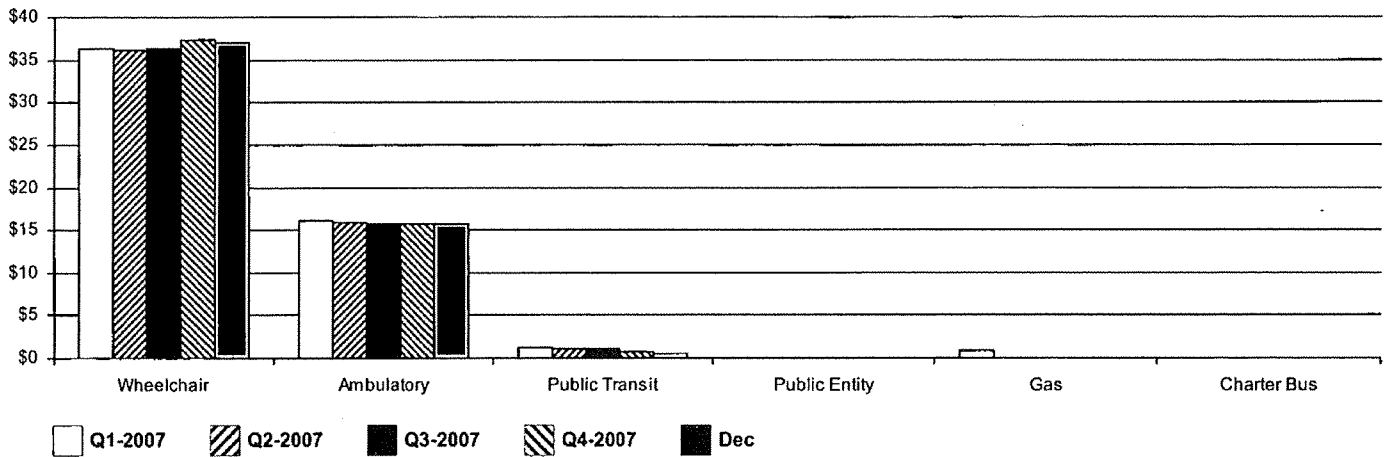
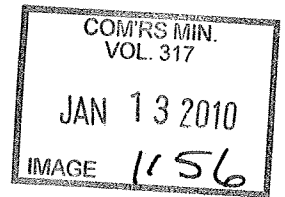
IMAGE 155

Trip Cost by Trip Reason Code (Most Costly)



Average Trip Leg Cost by Vehicle Type

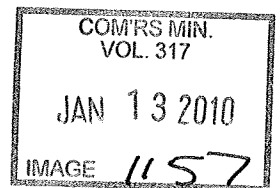
Vehicle Type	Q1-2007	Q2-2007	Q3-2007	Q4-2007	Dec	2007 YTD Avg
Air Flight	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Ambulance	\$144.87	\$131.59	\$167.32	\$162.12	\$194.13	\$147.72
Ambulatory	\$16.00	\$15.91	\$15.70	\$15.74	\$15.77	\$15.83
Charter Bus	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Gas	\$0.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.95
Public Entity	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Public Transit	\$1.19	\$1.09	\$1.04	\$0.64	\$0.48	\$1.00
Stretcher	\$115.53	\$100.45	\$106.75	\$118.30	\$118.48	\$111.44
Wheelchair	\$36.32	\$36.10	\$36.37	\$37.35	\$37.03	\$36.52
All Vehicles	\$11.71	\$11.99	\$12.16	\$12.40	\$12.35	\$12.06



*Air Flight, Ambulance, and Stretcher trips have been omitted from the chart due to their disproportionate cost as compared with other vehicle types.

Total Cost by Vehicle Type

Vehicle Type	Q1-2007	Q2-2007	Q3-2007	Q4-2007	Dec	2007 YTD Total
Air Flight	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Ambulance	\$15,935.85	\$44,610.35	\$32,627.14	\$22,048.35	\$6,406.35	\$115,221.69
Ambulatory	\$449,321.84	\$456,643.85	\$482,808.47	\$489,603.37	\$146,846.77	\$1,878,377.53
Charter Bus	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Gas	\$39.90	\$0.00	\$0.00	\$0.00	\$0.00	\$39.90
Public Entity	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Public Transit	\$41,040.68	\$37,416.93	\$34,126.87	\$18,968.25	\$4,259.13	\$131,552.73
Stretcher	\$24,261.40	\$9,140.90	\$27,115.00	\$22,950.00	\$7,820.00	\$83,467.30
Wheelchair	\$303,848.99	\$319,569.10	\$300,269.63	\$301,330.75	\$91,310.36	\$1,225,018.47
All Vehicles	\$834,448.66	\$867,381.13	\$876,947.11	\$854,900.72	\$256,642.61	\$3,433,677.62

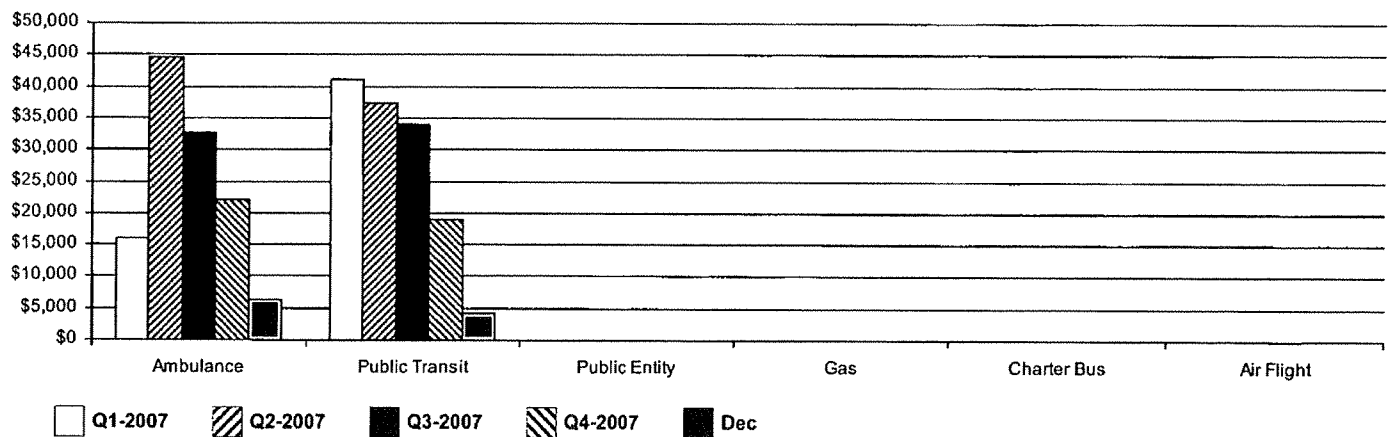
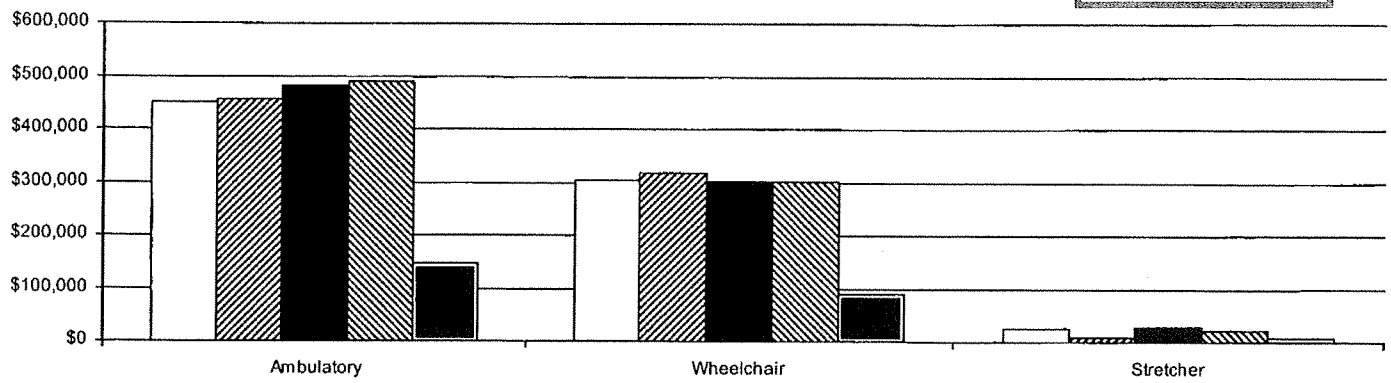


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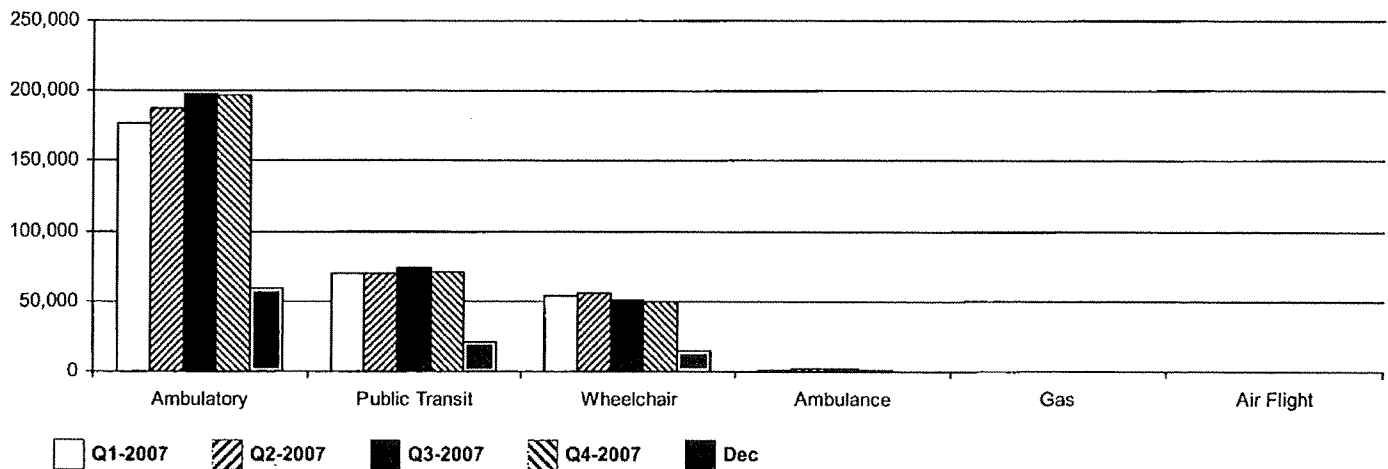
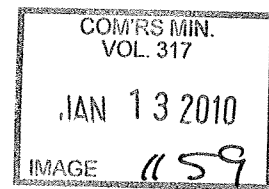
1158

Total Cost by Vehicle Type



Total Miles by Vehicle Type

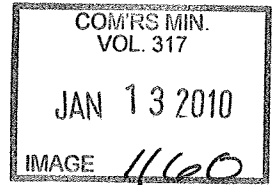
Vehicle Type	Q1-2007	Q2-2007	Q3-2007	Q4-2007	Dec	2007 YTD Avg
Air Flight	0	0	0	0	0	0
Ambulance	886	1,907	1,645	1,582	363	6,020
Ambulatory	176,473	187,445	198,488	197,087	59,672	759,493
Charter Bus	0	0	0	0	0	0
Gas	63	0	0	0	0	63
Public Entity	0	0	0	0	0	0
Public Transit	69,603	70,286	73,740	70,927	21,617	284,556
Stretcher	557	210	1,375	1,413	484	3,555
Wheelchair	54,171	55,921	51,112	50,141	15,092	211,345
All Vehicles	301,753	315,769	326,360	321,150	97,228	1,265,032



*Charter Bus, Public Entity, and Stretcher trips have been omitted from the chart due to their disproportionate distance as compared with other vehicle types.

Total Trip Legs by Vehicle Type

Vehicle Type	Q1-2007	Q2-2007	Q3-2007	Q4-2007	Dec	2007 YTD Total
Air Flight	0	0	0	0	0	0
Ambulance	110	339	195	136	33	780
Ambulatory	28,090	28,694	30,746	31,109	9,310	118,639
Charter Bus	0	0	0	0	0	0
Gas	42	0	0	0	0	42
Public Entity	0	0	0	0	0	0
Public Transit	34,432	34,374	32,697	29,462	8,899	130,965
Stretcher	210	91	254	194	66	749
Wheelchair	8,367	8,853	8,255	8,067	2,466	33,542
All Vehicles	71,251	72,351	72,147	68,968	20,774	284,717

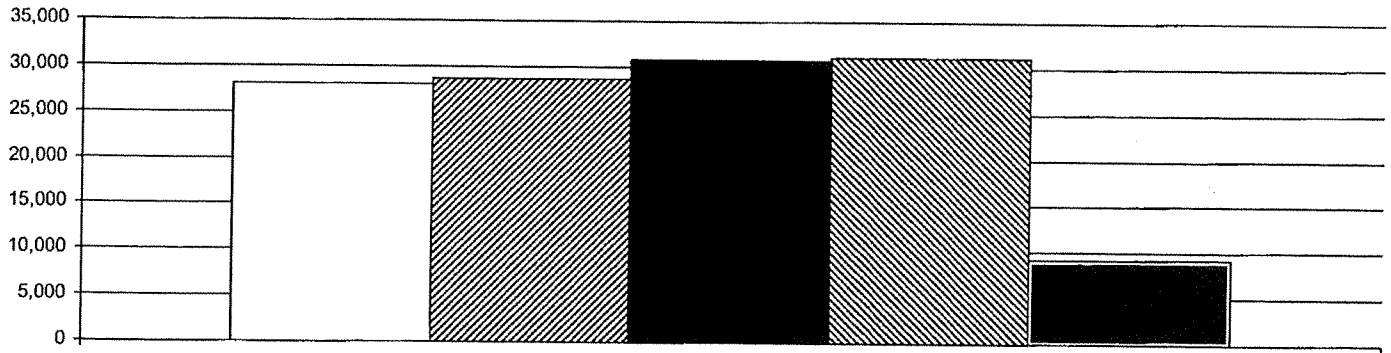


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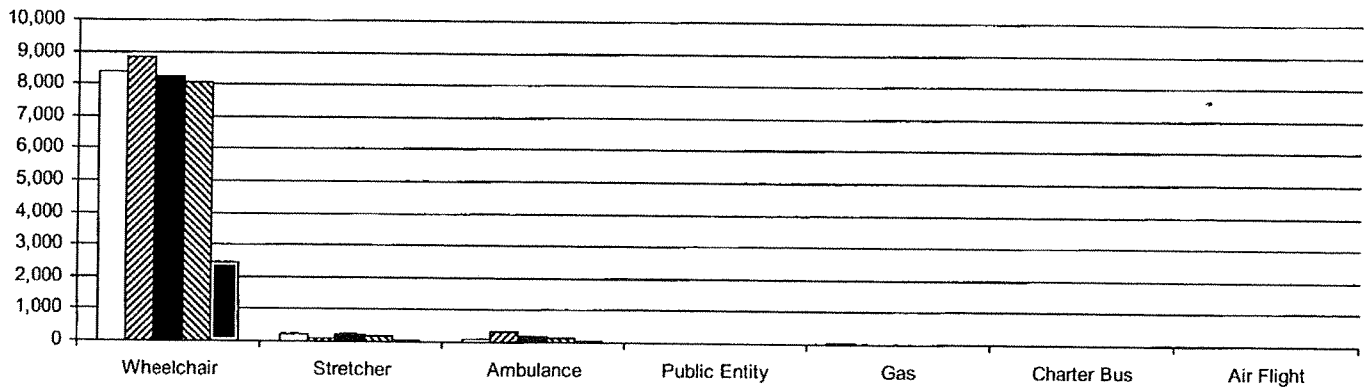
IMAGE

1161

Total Trip Legs by Vehicle Type



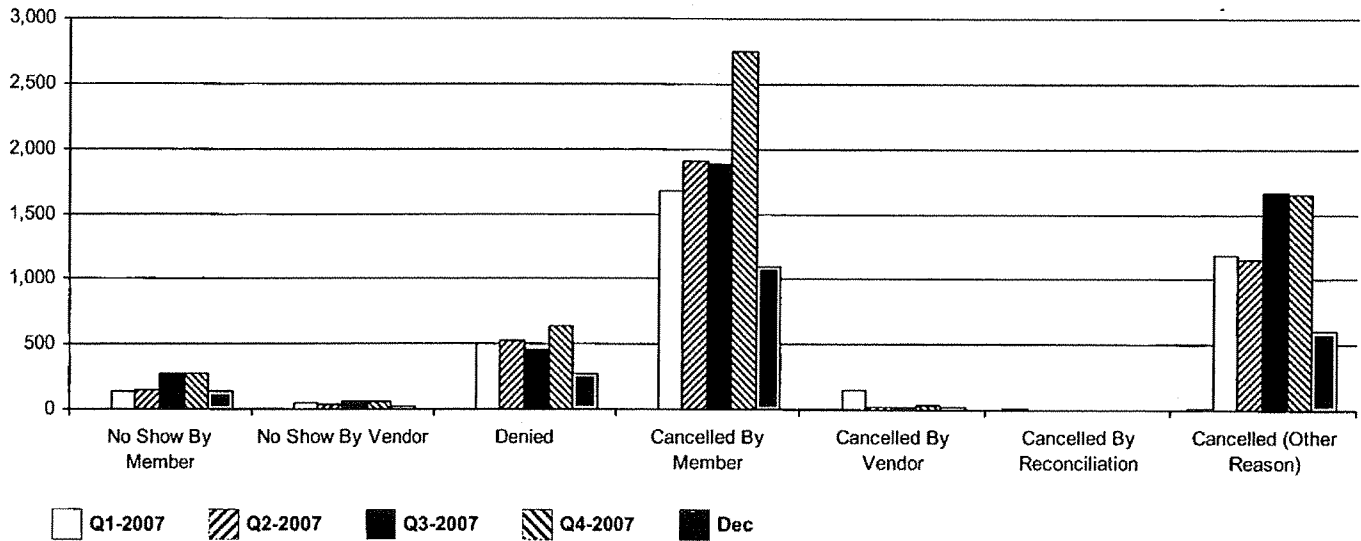
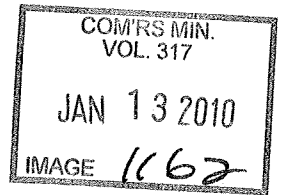
Ambulatory



Q1-2007 Q2-2007 Q3-2007 Q4-2007 Dec

Incomplete Reservations by Cancellation Reason

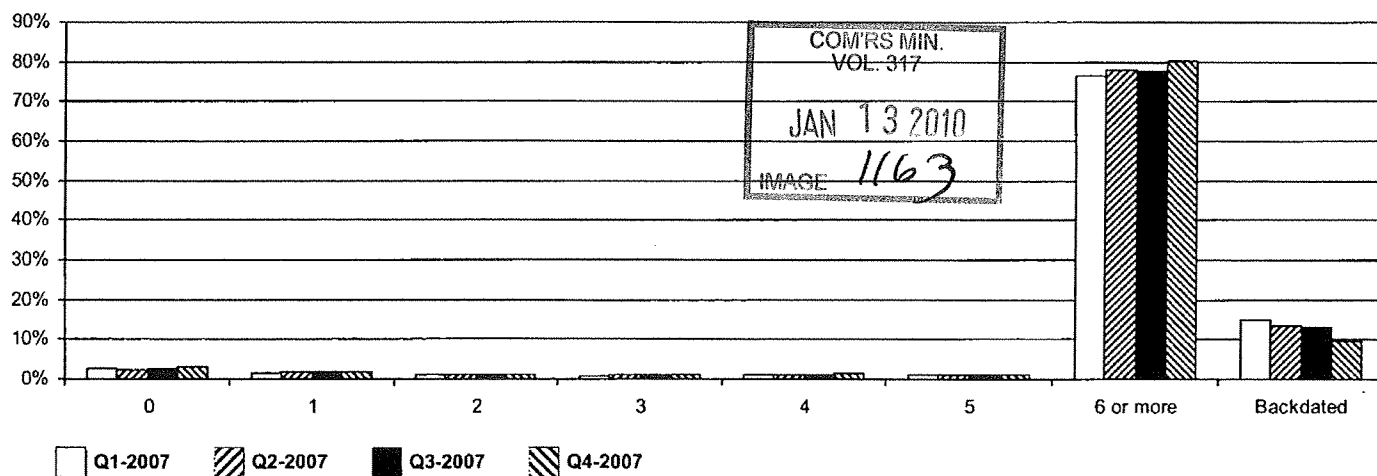
Reason	Q1-2007	Q2-2007	Q3-2007	Q4-2007	Dec	2007 YTD
No Show By Member	133	148	272	273	140	826
No Show By Vendor	50	37	56	57	28	200
Denied	507	520	456	637	272	2,120
Cancelled By Member	1,673	1,907	1,881	2,750	1,093	8,211
Cancelled By Vendor	153	22	20	39	24	234
Cancelled By Reconciliation	0	0	0	0	0	0
Cancelled (Other Reason)	1,183	1,151	1,666	1,652	599	5,652
Total	3,699	3,785	4,351	5,408	2,156	17,243



Days of Notice (Number of Reservations)

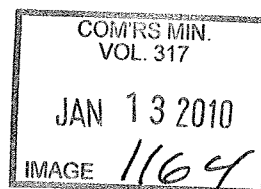
Notice	Ambulance	Public Transit	Ambulatory	Charter Bus	Gas	Wheelchair	Stretcher	Total	Percent
0	1	0	287	0	0	24	1	313	2.92%
1	1	1	186	0	0	24	1	213	1.99%
2	2	1	101	0	0	27	0	131	1.22%
3	1	2	116	0	0	38	0	157	1.46%
4	2	4	108	0	0	38	1	153	1.43%
5	0	16	110	0	0	27	1	154	1.44%
6 or more	9	3,412	4,021	0	0	1,096	29	8,567	79.89%
Backdated	3	1,022	4	0	0	6	1	1,036	9.66%
Total Trips	19	4,458	4,933	0	0	1,280	34	10,724	100.00%

*This report excludes Air Flight and Public Entity trips.

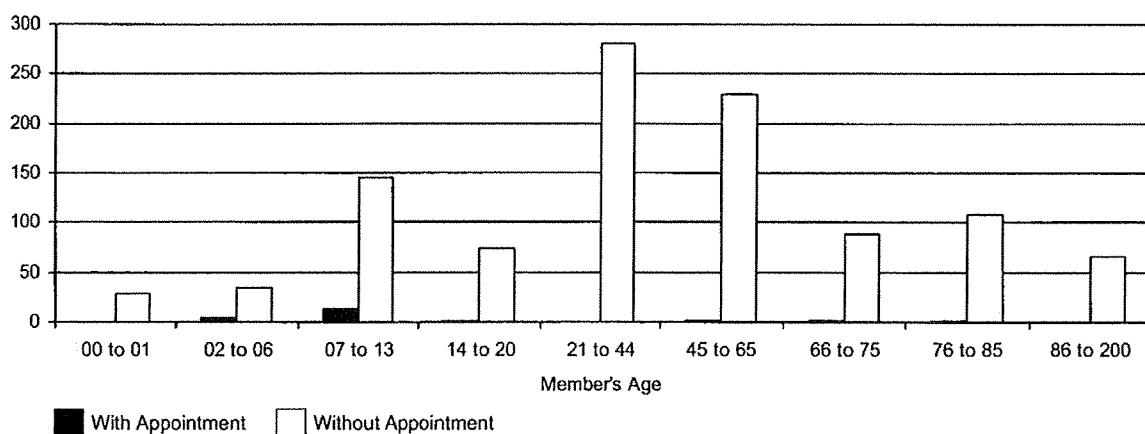


Additional Passengers (Number of Reservations)

Member's Age	Total Reservations	Additional Passengers w/ Appointment	Additional Passengers w/o Appointment	Total People Transported
00 to 01	44	0	29	73
02 to 06	25	4	34	63
07 to 13	118	14	146	278
14 to 20	151	2	73	226
21 to 44	3,726	0	280	4,006
45 to 65	5,116	2	229	5,347
66 to 75	601	2	88	691
76 to 85	489	1	108	598
86 to 200	348	0	66	414
Total	10,618	25	1,053	11,696



*Some reservations have been omitted for lack of member age information.



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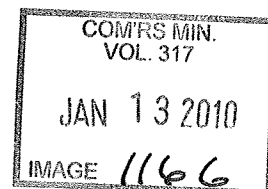
1165

Transportation Provider Information

Transportation Provider	Minority Owned	Woman Owned	Ambulatory Legs	% of All Ambulatory	Wheelchair Legs	% of All Wheelchair	Member No Shows	Vendor No Shows	Turnback Percent
Big Ole' Cabs	No	Yes	5,470	58.75%	0	0.00%	0.96%	0.16%	0.10%
Bus Passes - 5 days	No	No	32	0.34%	0	0.00%	0.00%	0.00%	0.00%
Butterfly Paramedics	No	No	0	0.00%	2	0.08%	0.00%	0.00%	33.33%
Cab n Go	No	No	2	0.02%	36	1.46%	0.00%	0.00%	0.00%
Cabs Of Happytown	No	No	186	2.00%	0	0.00%	0.00%	0.00%	0.00%
Clown Car Cab	No	No	0	0.00%	2	0.08%	0.00%	0.00%	0.00%
First Class Cabs	No	No	44	0.47%	0	0.00%	0.00%	0.00%	0.00%
Flinstone Runners	No	No	0	0.00%	11	0.45%	0.00%	0.00%	47.06%
GO GO Gadget (Ambulatory/paralift)	No	No	196	2.11%	767	31.10%	0.34%	0.34%	0.84%
Happy Traffic Cab	No	No	52	0.56%	0	0.00%	0.00%	0.00%	0.00%
Happytown Capitaland Taxi	No	No	38	0.41%	0	0.00%	3.45%	3.45%	0.00%
Homer's Cars	No	No	622	6.68%	0	0.00%	1.51%	0.50%	1.26%
Joyous Transit	No	No	829	8.90%	0	0.00%	4.45%	1.15%	0.86%
Mommy Go	No	No	462	4.96%	206	8.35%	0.27%	0.00%	1.08%
Moonlight Taxi	No	No	2	0.02%	0	0.00%	1.56%	0.00%	0.00%
More Gas Cabs	No	No	4	0.04%	0	0.00%	0.00%	0.00%	0.00%
Move it Along Taxi Service	No	No	16	0.17%	0	0.00%	0.00%	0.00%	0.00%
Moving Along (Ambulette Trips Only)	No	No	55	0.59%	0	0.00%	0.00%	0.00%	2.63%
My Car	No	No	28	0.30%	18	0.73%	0.00%	0.00%	0.00%
My Ride	No	No	84	0.90%	0	0.00%	1.67%	0.00%	0.00%
My Transit	No	No	26	0.28%	102	4.14%	0.00%	1.79%	6.25%
On The Move	No	No	65	0.70%	4	0.16%	0.00%	0.00%	0.00%
Pop A Wheelie (Ambulette Trips Only)	No	No	162	1.74%	0	0.00%	0.00%	0.00%	0.00%
Princess Shuttle	No	No	0	0.00%	966	39.17%	0.00%	0.34%	1.20%

Transportation Provider Information

Transportation Provider	Minority Owned	Woman Owned	Ambulatory Legs	% of All Ambulatory	Wheelchair Legs	% of All Wheelchair	Member No Shows	Vendor No Shows	Turnback Percent
Radio Flyers	No	No	0	0.00%	14	0.57%	0.00%	0.00%	0.00%
Ride Along	No	No	4	0.04%	0	0.00%	0.00%	0.00%	0.00%
Right On Cabs	No	No	0	0.00%	2	0.08%	0.00%	0.00%	0.00%
Sample Provider	No	No	574	6.17%	0	0.00%	0.00%	0.00%	0.30%
Sample Vendor	No	No	4	0.04%	0	0.00%	0.00%	0.00%	0.00%
Senior Services Of Happytown (60+ Only)	No	No	36	0.39%	0	0.00%	0.00%	0.00%	0.00%
Soaring Cabs	No	No	0	0.00%	26	1.05%	5.26%	5.26%	0.00%
Starlight Cab Company	No	No	4	0.04%	0	0.00%	21.05%	1.75%	0.00%
Subway Card	No	No	84	0.90%	0	0.00%	0.31%	0.00%	0.00%
The Cab Co	No	No	0	0.00%	310	12.57%	6.38%	0.43%	5.11%
Vans a Go Go	No	No	56	0.60%	0	0.00%	0.00%	0.00%	0.00%
Watch Me Go	No	No	65	0.70%	0	0.00%	0.00%	0.00%	0.00%
Water Taxi	No	No	108	1.16%	0	0.00%	14.56%	1.94%	2.91%
Total	1	0	9,310	100.00%	2,466	100.00%	1.18%	0.24%	0.54%



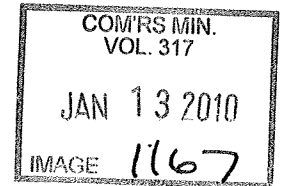
Pick Up and Drop Off Counties

Pick Up Counties

ST	County	Reservations
FS	Butterfly Park	1
FS	D Town	21
FS	Happy Town	9,952
FS	Lost Town	394
FS	Madagascar	99
FS	Mason City	213
FS	My Town	2
FS	New Sample Town	1
FS	Sample Town	40
OM	Garfunkle	1
Total Reservations		10,724

Drop Off Counties

ST	County	Reservations
FS	D Town	28
FS	Happy Feet	2
FS	Happy Island	1
FS	Happy Town	9,610
FS	Lost City	1
FS	Lost Town	763
FS	Madagascar	173
FS	Mason City	102
FS	Metallica Town	2
FS	My Town	1
FS	New Sample Town	14
FS	Pretty Town	1
FS	Sample Town	25
OM	Garfunkle	1
Total Reservations		10,724



Top 5 Pick Up and Drop Off Locations

Pick Up Location: FS, Happy Town

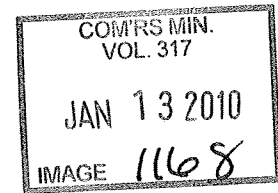
Total Reservations: 9,952

Dropped Off At	Reservations
- FS, Happy Town	9,154
- FS, Lost Town	556
- FS, Madagascar	159
- FS, Mason City	52
- FS, New Sample Town	12
- FS, D Town	9
- FS, Sample Town	5
- FS, Happy Feet	2
- FS, Pretty Town	1
- FS, Happy Island	1
- FS, My Town	1

Drop Off Location: FS, Happy Town

Total Reservations: 9,610

Picked Up From	Reservations
- FS, Happy Town	9,154
- FS, Lost Town	187
- FS, Mason City	150
- FS, Madagascar	94
- FS, Sample Town	17
- FS, D Town	5
- FS, My Town	2
- OM, Garfunkle	1



Pick Up Location: FS, Lost Town

Total Reservations: 394

Dropped Off At	Reservations
- FS, Lost Town	193
- FS, Happy Town	187
- FS, Madagascar	13
- FS, Mason City	1

Drop Off Location: FS, Lost Town

Total Reservations: 763

Picked Up From	Reservations
- FS, Happy Town	556
- FS, Lost Town	193
- FS, Mason City	12
- FS, Madagascar	2

Pick Up Location: FS, Mason City

Total Reservations: 213

Dropped Off At	Reservations
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Drop Off Location: FS, Madagascar

Total Reservations: 173

Picked Up From	Reservations
- FS, Happy Town	159
- FS, Lost Town	13
- FS, Madagascar	1

Top 5 Pick Up and Drop Off Locations

- FS, Happy Town	150
- FS, Mason City	48
- FS, Lost Town	12
- FS, Metallica Town	2
- FS, New Sample Town	1

Pick Up Location: FS, Madagascar

Total Reservations: 99

Dropped Off At	Reservations
- FS, Happy Town	94
- FS, Lost Town	2
- OM, Garfunkle	1
- FS, Madagascar	1
- FS, Mason City	1

Pick Up Location: FS, Sample Town

Total Reservations: 40

Dropped Off At	Reservations
- FS, Sample Town	19
- FS, Happy Town	17
- FS, D Town	4

Drop Off Location: FS, Mason City

Total Reservations: 102

Picked Up From	Reservations
- FS, Happy Town	52
- FS, Mason City	48
- FS, Lost Town	1
- FS, Madagascar	1

Drop Off Location: FS, D Town

Total Reservations: 28

Picked Up From	Reservations
- FS, D Town	15
- FS, Happy Town	9
- FS, Sample Town	4

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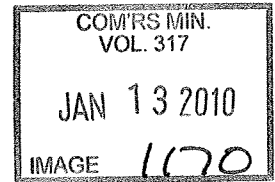
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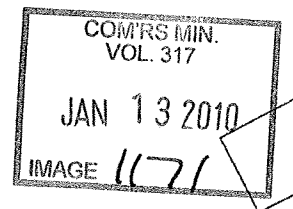
IMAGE 1169

Satisfaction Survey Results

Completed: 183 Refused: 61 Unavailable: 117 Unaccounted: 0

Questions Asked	Yes	No
Was your call answered promptly?	175	8
Was the operator helpful?	178	5
Did they state the name of your health plan when they answered?	182	1
Was your trip scheduled while you were on the phone?	181	2
Did the operator remind you to be ready an hour before your appointment?	176	7
Did the operator explain how to change or cancel your trip?	177	6
Was the driver's conduct professional and courteous?	179	4
Did the driver have identification?	181	2
Did you arrive to your appointment on time?	182	1
For your return ride, did the driver pick you up within 1 hour?	181	2
Was the vehicle clean?	179	4
Did the vehicle have working seat belts?	177	6
All Questions	97.81%	2.19%





Our monitoring of the transportation provider network will occur in the following ways:

Initial and on-going credentialing

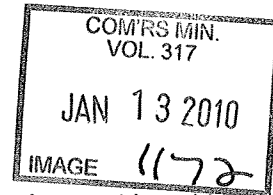
Vehicles: MTM ensures vehicles in the provider network meet our quality standards including age, condition, and routine maintenance. We will require inspections for initial credentialing into the network, addition of new vehicles and annual re-credentialing. All vehicles accepted into the transportation network will meet the requirements of the state agency, in addition to all requirements listed in MTM's Transportation Provider Guidelines. The transportation provider must submit annual inspection documentation during the credentialing/re-credentialing process.

Scheduled and random site visits

In addition to the initial credentialing site visit, the Provider Area Liaison will perform regularly scheduled as well as unscheduled on-site visits to ensure the provider remains compliant to all contract requirements, including MTM's Transportation Provider Guidelines, and applicable State, Federal, and municipal laws and regulations. The Liaison meets with the transportation provider at his/her place of business to inspect vehicles, audit files, educate the provider and review any areas of deficiency. If the Liaison identifies an area of deficiency, the Liaison will request that the transportation provider resolve the deficiency within a stated timeframe. The Liaison will schedule another visit at the end of the designated timeframe to ensure the deficiency has been rectified satisfactorily. MTM has various courses of action, including the ability to assess liquidated damages if the provider fails to comply, up to termination from the network.

Drivers/Volunteers/Attendants: All drivers/volunteers/attendants are initially reviewed by MTM's Credentialing Committee prior to approval for transporting your beneficiaries. This review process includes validating the provider's employees have clean background checks and received all required





training. This process is repeated annually and is also conducted as needed when the provider adds an additional employee. We will maintain accurate records on all provider employees in our database, which alerts MTM to any license or certification that requires renewal and we will contact the provider and offer to assist them. We uphold the highest quality standards when it comes to our transportation network, as in all areas of our business.

On-street observations

MTM conducts on-street observations of drivers to ensure MTM requirements are being adhered to, including the maintenance of the vehicle, driver adherence to traffic laws, customer service to the beneficiary, use of seatbelts, etc. The Provider Area Liaison conducts the on-street observations, fills out the required MTM form and presents the outcomes to the transportation provider with corrective actions if necessary. If the Liaison witnesses any egregious behavior, they will take immediate necessary actions which could include vehicle removal, driver suspension and/or termination. By being present in the community, providers know that MTM is monitoring their performance and reduces the propensity to bend the rules or cut corners. Additionally, if medical providers see MTM in the field they are more confident that we are performing the necessary oversight functions to ensure quality services are delivered. They also get to see an MTM face, which reduces the 'black box' perception of the brokerage management model.

Desk audit of Transportation Provider Files

MTM's Network Representative conducts monthly desk audits of the transportation provider's file to ensure that the provider has current and valid insurance, has registered all vehicles and drivers, renewed any licenses or training that is expiring and tests other data in our database to ensure the provider is compliant with all MTM requirements. Any lapse in insurance will result in the provider being immediately suspended from the network until the proper insurance has been renewed. Failure



to inform MTM of new drivers and or vehicles will result in the assessment of liquidated damages and failure to keep drivers current on training will result in the driver being suspended from services under the MTM contract until renewed training is received.

These desk audits are a cost-effective manner for ensuring compliance with contract requirements. When providers know that these areas are being continually monitored they are less likely to try to avoid renewals, which are a significant risk to the beneficiary, provider, MTM and the agency.

100% trip reconciliation

To ensure that we are reimbursing only for timely transportation services rendered by approved drivers in authorized vehicles, MTM requires providers to send in all driver manifests. The manifests must specify the driver and vehicle utilized for each transport. Additionally, drivers must obtain signatures by the beneficiary verifying a stamped date and time for each leg of the trip. Our trip reconciliation team reviews 100% reconciliation of these signed trip sheets for our clients to eliminate fraud and abuse and utilization of unapproved drivers and vehicles. The trip must have been provided within the time constraints and by authorized drivers in approved vehicles. If the reconciliation team finds that the trip was rendered inappropriately for any reason, they will code the trip for the appropriate liquidated damage.

In collaboration with this process, we also run reports to determine if the number of trips being serviced by a provider is feasible based on the number of drivers and vehicles credentialed with MTM. If we find a provider who has an inordinate number of trips as compared to the number of approved drivers and vehicles, MTM's Area Liaison will conduct on-street observations of the provider's trips to determine if unauthorized drivers or vehicles are being utilized. If the provider is found to be non-

compliant, MTM will assess liquidated damages, institute a corrective action plan or terminate the provider from the network based on the severity of the non-compliance issue.

Liquidated damage process

To ensure that services are being delivered safely, courteously and timely, MTM has performance standards written into our contract for late and missed pick-ups, use of unauthorized drivers and vehicles, allowing insurance to lapse and various other standards. MTM uses an escalation process to enforce these standards. It starts with tracking and trending performance and addressing and resolving complaints, but if a provider is a habitual poor performer or presents a serious safety concern, MTM will assess liquidated damages against the provider. These liquidated damages provide MTM an alternative course of action when education is not working and when termination from the network is either too extreme of a measure or not feasible. MTM has an appeals process in place for the provider to appeal any liquidated damage excised. MTM utilizes this process, not as a means to punish the provider, but to ensure attention to those areas which are cause for the greatest potential risk to the beneficiary, driver, provider, MTM and the agency, as well as those areas that are most often related to complaints and dissatisfaction of the program.

On-time performance monitoring

From our 100% trip reconciliation process, MTM tracks and trends on-time performance metrics of the individual transportation providers. We expect providers to meet a 90% on-time performance threshold. For those providers not meeting this threshold, MTM will assess liquidated damages, institute a corrective action plan or terminate the provider from the network based on the severity/duration of non-compliance with on-time performance.

Complaints monitoring

Due to the thousands of trips MTM manages and oversees on a daily basis, we also utilize our complaint handling process to monitor driver performance and vehicle safety. All complaints trigger an immediate investigation. If a complaint on a driver or vehicle is serious in nature or presents a potential safety issue, the driver and/or vehicle will be suspended until investigation has been completed and a resolution is reached. The investigation can occur over the phone, or may require the Area Liaison to immediately inspect the vehicle or interview a driver. If the complaint involves suspected utilization of drugs or alcohol, MTM requires the driver to receive immediate drug/alcohol testing. If the provider or driver refuses the test, the driver is permanently removed from our network of service and the provider is placed on a corrective action plan. For less serious issues requiring driver performance improvement or vehicle maintenance, a Corrective Action Plan will be developed and followed by the Area Liaison until satisfactory completion. Any driver who still does not adhere to quality standards will no longer be credentialed to provide transportation for MTM. The transportation provider will be educated that the specific driver is no longer eligible to provide transportation for the beneficiaries we serve and that the provider will not be paid for any trips using said driver. This has been an extremely effective method of ensuring provider compliance. **Less than 1% of all trips provided in 2007 have received complaints regarding providers.**

Quality Management Committee (QMC) Oversight and Corrective Action Plan Issuance

MTM's QMC meets monthly to track and trend key performance indicators and develop plans of action to address areas of deficiency. In these meetings provider non-compliance issues and related complaints are reviewed. If an area of non-compliance associated with the transportation provider is identified, the QMC develops a Corrective Action Plan (CAP) to address the issue. The CAP may address the entire network, a few providers or one provider in particular. If performance does not



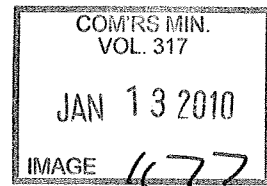
improve, liquidated damages will be assessed. As a final measure, a provider may be suspended or terminated from the network based on the QMC's direction. If beneficiary safety is an issue, the provider will be suspended immediately and Quality Management will investigate the issue to determine the provider's future with MTM.

Reporting to the CEO of Monthly Activities

Ensuring the network of transportation providers is adhering to MTM's requirements is a fundamentally important role of the Broker and results in reduced risks and complaints regarding the program. Based on this importance, MTM's CEO requires a monthly summary report of all of the above monitoring steps, by contract by month. This guarantees that MTM's staff is performing these functions consistently. Operating a company that oversees the management of 500 plus transportation providers requires extensive reporting procedures to ensure compliance of the providers and MTM's staff. The agency can rest easy knowing MTM's CEO is conducting the appropriate oversight of all staff functions and transportation providers for this contract.

Responding to the State Agency

MTM will fully investigate a transportation provider at the request of the state agency and respond, in writing, in a timely manner—the timeframe may be of the state agency's choosing to meet the agency's desires. Responsibility for investigating a provider resides with the Quality Management department. This department is responsible for investigating all complaints and has the experience of having done so for over 12 years.



MTM Transportation Provider Guidelines

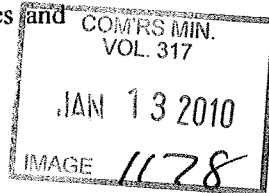
Sample Service Agreement and Guidelines
MEDICAL TRANSPORTATION SERVICES AGREEMENT

THIS AGREEMENT is made and entered into this day of , 200 by and between Medical Transportation Management, Inc., a Missouri Corporation (hereinafter referred to as "MTM") and , a Missouri . (hereinafter referred to as "Transportation Provider").

THAT WHEREAS, MTM is engaged in the business of arranging for, and managing a network of, medical transportation service companies to deliver non-emergency medical transportation services to those Clients who wish to avail themselves of such services; and

WHEREAS, Transportation Provider is a transportation service company and is capable of and desires to provide services as described herein;

NOW, THEREFORE, in consideration of the foregoing and of the mutual covenants, promises and undertakings herein set forth, the parties, intending to be legally bound, agree as follows:



1. DEFINITIONS

- A. "Client" means a customer that has entered into an Agreement with MTM directly to arrange for the provision of Covered Services for Client's Covered Persons.
- B. "Coverage Agreement" means a Client Agreement entered into by MTM entitling Covered Persons to Covered Services.
- C. "Covered Person" means any person entitled to Covered Services under the terms of one or more Coverage Agreements.
- D. "Covered Service" means any medical transportation service that MTM is obligated to provide to Covered Persons pursuant to a Coverage Agreement.
- E. "Effective Date" means .
- F. "MTM Medical Transportation Provider Guidelines and Quality Improvement Program" ("MTM Guidelines") means the specific procedures, standards and administrative process established by MTM and required of Transportation Provider to effect the intent of this Agreement.
- G. "Non-Emergency" medical transportation services means transportation services for routine appointments to clinics, physician's offices, outpatient facilities, hospitals and other medically necessary services.
- H. "Service Area" means the areas in which Transportation Provider will provide transportation services.
- I. "Urgent Request" means a Non-Emergency, but unscheduled, request to be transported to medical services promptly, usually with three (3) to twenty-four (24) hours advance notice.
- J. "Transportation Provider" means a transportation company or other business entity under Agreement/Contract with MTM.

MEDICAL TRANSPORTATION SERVICES AGREEMENT

2. SERVICES

Transportation Provider agrees to provide Covered Services for Covered Persons in Transportation Provider's approved Service Area, and as required and upon request from MTM.

Transportation Provider agrees to provide a sufficient staff of appropriately trained and licensed drivers meeting all applicable Federal, State, and local laws and regulations to perform the Covered Services. Transportation Provider agrees to provide Covered Services in vehicles that meet the requirements of the Americans with Disabilities Act of 1990 (ADA), and all other applicable Federal, State and local laws, regulations and licensure standards.

Transportation Provider agrees that MTM trip requests will have equal priority with Transportation Provider's day to day services. Transportation Provider agrees to comply with all MTM Client protocols and procedures.

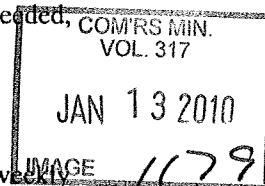
Transportation Provider agrees to comply with the MTM Medical Transportation Provider Guidelines and Quality Improvement Program ("Guidelines") attached hereto, and incorporated herein, and referenced as Attachment I. The MTM Medical Transportation Provider Guidelines will be reviewed periodically by MTM and may be modified and amended by MTM as needed, with notification by MTM to Transportation Provider prior to implementation.

3. COMPENSATION

Transportation Provider shall provide to MTM for reconciliation approved itemized weekly reports showing records of services and charges to Covered Persons, and all applicable reporting requirements. Transportation Provider's reports and records shall contain, for each trip, the requisite signatures and be in proper order in all respects as a precondition to receiving payment from MTM for such services. Transportation Provider is required to return completed reconciliation reports to MTM's accounting office by the third business day after MTM has submitted the reports to Transportation Provider. If the completed reconciliation reports are not timely returned, the parties agree that liquidated damages in accordance with Schedule B, attached hereto and incorporated herein, may be assessed against the payment for this reconciliation week. MTM will not be responsible for payment to Transportation Provider until Transportation Provider has returned the properly completed reconciliation reports. Transportation Provider also agrees that liquidated damages may also be assessed for other noncompliance events set forth on Schedule B. Transportation Provider agrees that if liquidated damages have been assessed, they will not be recovered by Transportation Provider.

Transportation Provider will also submit an approved claim for services rendered, after final reconciliation for the last week of the pay period, the total of which agrees to the sum totals of the previously reconciled weekly reports for that pay period. MTM agrees to pay Transportation Provider an amount based upon the rates in the attached Schedule A, as may be amended by MTM upon notice to Transportation Provider, for services provided to Covered Persons. MTM shall make payment to Transportation Provider as set forth in Schedule A within 30 days of receipt of an approved claim.

In the event that an MTM or Client audit reflects that Transportation Provider has not provided full and complete documentation and records, as required by MTM or Client, to support Transportation Provider's claim for payment, Transportation Provider agrees that MTM shall have the right to recoup from Transportation Provider (if Transportation Provider has already been paid), or to offset against current or future MTM payments to Transportation Provider, such



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sum which equals the amount of the disallowed and unsubstantiated portion of the claim for payment of Transportation Provider.

Transportation Provider will not assert any claim for payment against MTM where such claim is based on services provided more than ninety (90) days prior to the date of the invoice.

Transportation Provider agrees that it will look solely to MTM for payment for services rendered. In no event, including but not limited to, non-payment by MTM or MTM's Client, may Transportation Provider bill, charge, or otherwise seek compensation from a Covered Person to whom Transportation Provider rendered services. This provision does not prohibit Transportation Provider from collecting a copayment or other fee where authorized by MTM.

4. NON-DISCRIMINATION

Transportation Provider agrees not to differentiate or discriminate in the treatment of MTM Covered Persons because of sex, marital status, age, race, color, national origin, ancestry, religion, disability, medical condition, height, weight, veteran status or sexual orientation, and Transportation Provider will render services to Covered Persons in the same manner and in accord with the same standards as offered to other persons.

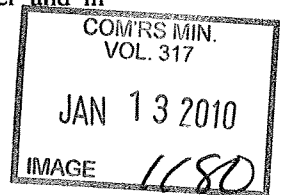
5. INSURANCE

A. TRANSPORTATION PROVIDER'S

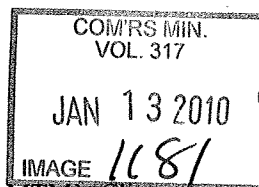
Transportation Provider, at its sole cost and expense, shall procure and maintain such policies of comprehensive general and automobile liability insurance, which policies shall include property damage, contractual liability, and completed products coverage; and Workers Compensation insurance and other insurance, as may be required by MTM, as shall be necessary to insure it and its employees and agents against any claim or claims for damages arising from performance of any service by Transportation Provider in connection with this Agreement. The limits of all such insurance shall be in such form and coverage amounts as may be determined by MTM, and which may be amended by MTM upon notice to Transportation Provider, and shall, at a minimum, be in compliance with MTM's contractual requirements with its Client; and in compliance with all Federal, State and local insurance requirements for the jurisdiction in which transportation services are rendered. MTM reserves the right to require higher insurance coverage amounts than may be required by minimum Federal, State, or local laws and regulations. The limits of vehicular liability coverage shall not be less than \$300,000.00 Combined Single Limit (CSL) or the state minimum, whichever is greater. The limits of Workers Compensation coverage shall be statutory for the state in which services are rendered. MTM, and MTM's Client, shall be named as an "Additional Insured" on a primary and non-contributing basis and be named as a certificate holder in all policies. Memorandum copies of the policies shall be delivered to MTM upon the signing of this Agreement, and at least annually thereafter upon renewal of insurance. All policies shall provide that MTM and Client will be given at least thirty (30) days advance notice of the cancellation of said policies for any reason, including non-payment of premium.

B. MTM'S

MTM, at its sole cost and expense, shall procure and maintain such policies of comprehensive general liability insurance, and other insurance as may be required by MTM's Client as shall be necessary to insure it and its employees and agents against any claim or claims for damages arising from performance of any service by MTM in connection with this Agreement.



Sample Service Agreement and Guidelines
MEDICAL TRANSPORTATION SERVICES AGREEMENT



6. INDEMNIFICATION

A. TRANSPORTATION PROVIDER'S

Transportation Provider agrees to defend, indemnify and hold harmless MTM and MTM's Client against any claims or liabilities, including reasonable attorneys fees, arising from performance of any service by Transportation Provider in connection with this Agreement.

B. MTM'S

MTM agrees to indemnify and hold harmless Transportation Provider against any claims or liabilities, including reasonable attorneys fees, arising from performance of any service by MTM in connection with this Agreement with respect to which Transportation Provider is not at fault.

7. PROTECTED HEALTH INFORMATION

The U.S. Department of Health and Human Services ("HHS") enacted regulations (the "Regulations") under the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (the "Act") (the Act and the Regulations sometimes referred to collectively as "HIPAA"). These Regulations require States and Counties, health care providers, health plans and health care clearinghouses (individually, "Covered Entity" and collectively, "Covered Entities") to maintain the privacy/confidentiality of health information which they receive or obtain from their patients or covered persons or which they review or create for their patients or covered persons. For purposes of HIPAA this health information is referred to as "Protected Health Information" or "PHI".

These same Regulations require Covered Entities to obtain written assurance from the businesses to whom they disclose PHI ("Business Associates") that such Business Associates will maintain the privacy/confidentiality of any PHI provided to them by the Covered Entities and otherwise comply with the requirements of HIPAA applicable to Business Associates. In addition, these Regulations require Business Associates to obtain from those businesses to whom they disclose PHI written assurance that they will maintain the privacy/confidentiality of any PHI provided to them by the Business Associate and otherwise comply with the requirements of HIPAA.

MTM plans to contract with the Transportation Provider to provide Non-Emergency Medical Transportation Services ("Services"). In connection with your provision of such Services, you receive or obtain from MTM,, the Covered Person or the Health Plan; or review or create for MTM, the Covered Person or the Health Plan, Covered Person PHI. As a result MTM requires written assurance that the Transportation Provider will: (i) maintain the privacy/ confidentiality of all Covered Person PHI; and (ii) comply with the requirements of HIPAA applicable to Business Associates, all as more fully described below.

To comply with the requirements of HIPAA, Transportation Provider agrees to: maintain the privacy/confidentiality of all Covered Person PHI as required by all applicable laws and regulations, including, without limitation, the requirements of HIPAA; to implement applicable electronic information security procedures to comply with the HIPAA Security Regulations; not use or disclose Covered Person PHI, other than to perform the Services, as otherwise expressly permitted by the terms of this Agreement or as required by law; provided, however, that Transportation Provider may use and disclose Covered Person PHI to manage and administer your business; comply to any and all restrictions on the use and disclosure of Covered Person PHI requested by a Covered Person, agreed to by the applicable MTM client and communicated to

Sample Service Agreement and Guidelines

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Transportation Provider by MTM; develop and implement appropriate safeguards to prevent the use or disclosure of Covered Person PHI for purposes other than as set forth in this Agreement; provide MTM with such information concerning such safeguards as MTM may from time to time request; maintain a record of all disclosures of Covered Person PHI made for reasons other than the provision of the Services and will provide the following information regarding any such disclosure to MTM, to the applicable MTM client, or to the Covered Person whose PHI was disclosed ("Affected Person"), upon our request: the date of such disclosure, the name and, if known, the address of the recipient of such PHI, a copy of the request for disclosure, if any, accompanied by any necessary consents or authorizations, a brief description of the PHI disclosed, and a statement that would reasonably inform Affected Person of the purpose of the disclosure.

Transportation Provider agrees to notify MTM immediately upon your discovery of any unauthorized disclosure of Covered Person PHI; establish procedures for mitigating any deleterious effects of any improper use and/or disclosure of Covered Person PHI; to require your employees, agents and independent contractors ("Workforce") to adhere to the restrictions and conditions regarding Covered Person PHI contained in this Section; not disclose Covered Person PHI to any member of your Workforce, unless Transportation Provider has advised such person of your obligations under this Section and the consequences of a violation of these obligations; take disciplinary action against any member of your Workforce that uses or discloses Covered Person PHI in violation of this Section; not to disclose Covered Person PHI to any third party without first obtaining our written approval; not disclose Covered Person PHI to any third-party without first obtaining the written agreement of such third party to be bound by the requirements of this Section for the express benefit of Transportation Provider, MTM and the applicable MTM client(s); limit disclosure of Covered Person PHI by your workforce or third parties to the minimum amount of Covered Person PHI necessary to achieve the purpose for such use or disclosure; to notify MTM immediately in the event Transportation Provider receive a request from a Covered Person identified in any Covered Person PHI ("Subject"), or such person's legal representative ("Legal Representative"), to review any records in your possession or control regarding the Subject ("Subject PHI"); to make available to MTM, or at our request, to the applicable MTM client (s) to a Subject or such Subject's Legal Representative, for their review, any Subject PHI in your possession or control; to notify us immediately in the event you receive a request from a Subject to amend or otherwise modify any Subject PHI in your possession or control; to make any amendments to Subject PHI that the applicable MTM client has directed or authorized at MTM's request; make your policies, books and records relating to the use and disclosure of Covered Person PHI available to the Secretary of the U.S. Department of Health and Human Services or his or her designee for the purpose of determining whether the applicable Health Plan is in compliance with HIPAA requirements; return to MTM or otherwise destroy all Covered Person PHI in your possession or control upon termination of this Agreement; to continue to extend the protections of this Section to such Covered Person PHI and limit any further use of such Covered Person if such return or destruction of records is not feasible; to indemnify, defend and hold harmless MTM and the applicable MTM client, and their respective parents, subsidiaries and affiliates, and their respective shareholders, directors, officers, employees, agents, legal representatives, heirs, successors and assigns, from and against any and all claims, causes of action, losses, liabilities, damages, costs and expenses, including, without limitation, court costs and attorneys' fees, arising out of, resulting from or caused by a violation by Transportation Provider, or any of your employees, agents or subcontractors, of any of the terms or conditions of this Agreement.

The parties agree that all Covered Person's records are to be treated as confidential so as to comply with all Federal and State laws regarding the confidentiality of such records. However,

MEDICAL TRANSPORTATION SERVICES AGREEMENT

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MTM shall have the right, upon request, to inspect at all reasonable times any accounting, administrative and other reports maintained by Transportation Provider pertaining to MTM Covered Services, its Covered Persons and/or activity hereunder, but Transportation Provider shall not be required to disclose the records of any Covered Person to any party other than as required by law.

8. QUALITY IMPROVEMENT

With respect to Transportation Provider's agreement to comply with MTM Medical Transportation Provider Guidelines, Transportation Provider agrees to provide MTM with all necessary requested data as may be required in order for MTM and Transportation Provider to comply with all Federal, State, NCQA or its equivalent Agency, MTM and MTM Client standards.

9. COMPLAINTS

Any complaints received by MTM with respect to the provision of Transportation Provider services will be forwarded to Transportation Provider for immediate attention and response. Any problem(s) related to the service shall be promptly resolved. Transportation Provider agrees to cooperate with MTM and provide MTM with the information necessary to help resolve grievances with respect to Transportation Provider's services and other issues.

10. USE OF NAMES AND OTHER INFORMATION

Transportation Provider agrees that MTM may use Transportation Provider's name, address(es), telephone number(s) and description of Transportation Provider's services in MTM's directory, advertising and other material.

MTM agrees that Transportation Provider may use MTM's name, address(es), telephone number(s) and description of MTM services in Transportation Provider's directory, advertising and other material.

11. ASSIGNABILITY

This Agreement may not be assigned, sublet, delegated or transferred by Transportation Provider without the prior written consent of MTM or any successor thereto.

This Agreement may be assigned by MTM to the participating MTM Client under contract to MTM, or to any MTM affiliate or successor entity, after notice of any proposed assignment is made to Transportation Provider. Notwithstanding any such assignment, the rights, obligations and liabilities of Transportation Provider shall remain the same as set forth herein.

12. COMPLETE AGREEMENT AND MODIFICATION

The Agreement constitutes the entire understanding of the parties hereto, and no changes, amendments or alterations, except as otherwise noted herein, shall be effective unless signed by both parties.

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13. TERM AND TERMINATION

The term of this Agreement shall be one year commencing on the _____ day of _____, 200____. Thereafter, this Agreement shall be automatically renewed for additional one (1) year terms unless terminated by either party giving written notice to the other party as provided herein. Termination shall have no effect upon the rights and obligations of the parties arising out of any services performed prior to the effective date of such termination. Further, in the event that a Covered Person is provided services by Transportation Provider as of the date of termination of this Agreement, MTM will honor its contractual obligations to Covered Persons to pay for services rendered. This Agreement may also be terminated without cause upon a party giving thirty (30) days written notice to the other party.

Transportation Provider agrees that this Agreement does not guarantee or ensure Transportation Provider any minimum number of trips, and that actual trip volume may vary. Transportation Provider agrees to accept such trips as are assigned to Transportation Provider by MTM. If Transportation Provider is not assigned an adequate number of trips and wishes to terminate this Agreement, Transportation Provider must give MTM the aforesaid notice.

Notwithstanding any provision herein to the contrary, MTM shall have the right to immediately terminate this Agreement and the services of Transportation Provider in the event: (1) Transportation Provider fails to strictly comply with MTM's Medical Transportation Provider Guidelines and Quality Improvement Program; or (2) Transportation Provider fails to perform or otherwise breaches the terms of this Agreement; or (3) Transportation Provider engages in any act of competition with MTM; or (4) MTM's Client suffers a loss of funding for the Contract between Client and MTM; or (5) MTM's contract with its Client is terminated for any reason; or (5) Transportation Provider's conduct in any way affects the potential safety of any Covered Person, in the sole discretion and determination of MTM; or (6) the filing of any Petition of Bankruptcy or insolvency, by or against the Transportation Provider; or (7e) for other good cause.

14. NOTICES

Any notice provided for in this Agreement may be personally served or shall be sent by certified U.S. mail, return receipt requested, in which case it shall be deemed served on the next mail delivery date after the date of mailing. Unless subsequently changed by written notice, notices shall be personally served at, or mailed to, the following addresses:

To:
Medical Transportation Management, Inc.
16 Hawk Ridge Drive
Lake St. Louis, MO. 63367
Attention: Alaina Macia, President/CEO

and to Transportation Provider at:

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MEDICAL TRANSPORTATION SERVICES AGREEMENT

15. INDEPENDENT CONTRACTOR RELATIONSHIP

It is mutually understood and agreed that in the performance of the duties and obligations of the parties to this Agreement, each party hereto is a separate and independent contractor. Neither party is the principal, agent, nor representative of the other, and neither shall have any direct control over the manner in which the other performs its services and functions. Each is free to enter into Agreements with other entities or persons not otherwise in violation of the noncompetition terms of this Agreement.

16. INTERPRETATION

This Agreement shall be interpreted and governed in accordance with the laws of the jurisdiction in which transportation services are rendered pursuant to this Agreement, without regard to conflict of laws principles.

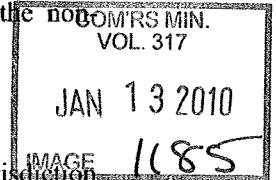
17. AFFIRMATIVE ACTION PROGRAM

MTM is an Equal Opportunity Employer, which maintains an Affirmative Action Program. The parties agree that they will comply with the nondiscrimination and affirmative action clauses contained in: Executive Order 11246, as amended, relative to equal opportunity for all persons without regard to race, color, religion, sex or national origin; the Vietnam Era Veterans Readjustment Act of 1974, as amended, relative to the employment of disabled veterans and veterans of the Vietnam Era; the Vocational Rehabilitation Act of 1973, as amended, relative to the employment of qualified handicapped individuals without discrimination based upon their physical or mental handicaps; the 1964 Civil Rights Act, as amended; the Age Discrimination Act of 1975; the Omnibus Reconciliation Act of 1981; the Americans with Disabilities Act of 1990 and all other applicable Federal and State Laws which prohibit discrimination in the delivery of services on the basis of race, color, national origin, age, sex, handicap/disability or religious beliefs. Transportation Provider shall not discriminate or otherwise violate any Federal, State, or local anti-discrimination law or regulation in the performance of Transportation Provider's services to MTM under this Agreement.

18. CONFIDENTIALITY; COVENANTS AGAINST COMPETITION

Transportation Provider and MTM mutually acknowledge that in the course of performing this Agreement, Transportation Provider will become aware of information concerning MTM's operations, business practices, customer practices, software systems, programs, pricing policies, customers and Clients. To the extent such information is generally unknown in the transportation industry or was unknown to Transportation Provider before Transportation Provider became aware of the information through MTM, such information shall be deemed trade secrets and confidential, proprietary information of MTM.

With respect to MTM's trade secrets and confidential, proprietary information, Transportation Provider agrees that Transportation Provider and its employees, agents, successors and assigns shall not disclose such information to any person or business entity without the written consent of MTM except for Transportation Provider's internal use as reasonably necessary to perform this Agreement. Transportation Provider also agrees that only those agents and employees of Transportation Provider who have a need to know any such information to perform their duties in connection with this Agreement will be provided with such information, and then only with those portions of such information as are reasonably necessary to the performance of their jobs.



Sample Service Agreement and Guidelines

MEDICAL TRANSPORTATION SERVICES AGREEMENT

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Further, Transportation Provider agrees to instruct such agents and employees not to disclose such information to any unauthorized persons or business entities.

Transportation Provider agrees that MTM's non-emergency medical transportation services business and its network of contracted transportation providers, of which Transportation Provider is a member upon execution of this Agreement, are unique and valuable assets of MTM for which MTM rightfully seeks the protection of this Agreement. Transportation Provider also agrees that becoming a member of MTM's transportation provider network through execution of this Agreement, is a valuable business asset of Transportation Provider, for which Transportation Provider agrees not to compete with MTM as more fully set forth herein. Transportation Provider agrees that in the event that Transportation Provider were enjoined from violating the noncompetition provisions of this Agreement, that it has the ability to earn a substantial livelihood in rendering transportation services to other clients not in competition with MTM.

Transportation Provider, for itself and its employees, agents, successors and assigns, further agrees that it will not use MTM's trade secrets and confidential, proprietary information to develop, initiate or establish a business, or further the business of another person or business entity, which competes directly or indirectly with MTM. Transportation Provider further agrees to instruct its agents and employees that they are not entitled to use MTM's trade secrets and confidential, proprietary information to develop, initiate or establish a business which competes directly or indirectly with MTM.

Transportation Provider, for itself and its successors and assigns, agrees that during the term of this Agreement and any extensions hereof, and for a period of twenty-four (24) months after termination of this Agreement for any reason, within the geographical area in which MTM conducts any non-emergency medical transportation business or provides services to any Clients, Transportation Provider will not directly or indirectly attempt to divert business from MTM, or attempt to contact or solicit Transportation Providers under contract with MTM, or bid on contracts or perform contracts for the management or brokering of non-emergency transportation services from current MTM Clients, entities/agencies/organizations for whom Transportation Provider provides transportation services on behalf of MTM. Transportation Provider agrees that a breach or threatened breach of the confidentiality or noncompetition provisions of this paragraph 18 would cause immediate and irreparable harm to MTM, and that actual damages would be difficult or impossible to ascertain, such that MTM shall be entitled to injunctive relief in addition to pursuing such other relief as MTM may be entitled to at law or in equity. Provided, however, that it shall not be deemed a violation of these noncompetition provisions for Transportation Provider to maintain previously existing contractual relationships with competitors of MTM.

19. ATTORNEYS FEES AND COSTS

In the event that Transportation Provider fails to comply with each and every term of this Agreement or otherwise is in breach of any term of this Agreement; or in the event that Transportation Provider is required to indemnify and hold harmless MTM with respect to any claim or liability arising out of the performance of any service by Transportation Provider in connection with this Agreement, Transportation Provider shall pay all of MTM's costs and litigation expenses, including reasonable attorneys fees that may be incurred by MTM.

Sample Service Agreement and Guidelines
MEDICAL TRANSPORTATION SERVICES AGREEMENT

20. WAIVER OF JURY TRIAL

The parties hereto waive jury trial and consent to a Court trial as to all litigation arising out of the terms and conditions of this Agreement.

21. REPRESENTATIONS

The signers of this document and represent that they are acting officially and properly on behalf of their respective business entities, and have been duly authorized, directed, and empowered to execute this Agreement.

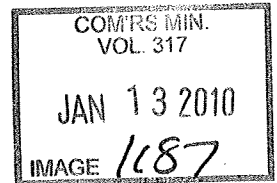
IN WITNESS WHEREOF, the parties hereunto have executed this Agreement.

MEDICAL TRANSPORTATION MANAGEMENT, INC.

By: _____

Title: _____

Date: _____



By: _____

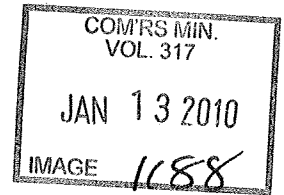
Title: _____

Date: _____

Federal I.D. # or SSN #

**Draft ATTACHMENT Service Agreement and Guidelines
TO MEDICAL TRANSPORTATION SERVICES AGREEMENT**

Between
MEDICAL TRANSPORTATION MANAGEMENT, INC. and



**MEDICAL TRANSPORTATION MANAGEMENT (MTM)
TRANSPORTATION PROVIDER GUIDELINES
(Quality Management and Risk Management Program)**

INTRODUCTION

Medical Transportation Management, Inc. ("MTM") is a transportation management organization which contracts with Managed Care Organizations ("MCO"), State and local governments and other medical businesses, organizations, agencies, and facilities ("MTM Clients"). These contracts provide for MTM coordination and management of scheduled non-emergency and "urgent" vehicular ground transportation for the MTM Client's Members, Customers, and Recipients (referred to in this document as "Passengers") through a network for transportation companies and services ("Transportation Providers").

Transportation Providers are under contractual agreement to provide transportation for MTM Clients and their Passengers as defined by the terms of the "Medical Transportation Services Agreement." It is the Transportation Provider's responsibility to be aware of, and to comply with, all terms, conditions, and requirements of their contractual agreement with MTM and to comply with the "MTM Transportation Provider Guidelines." The Transportation Provider understands that Transportation Provider misconduct will not be tolerated and could result in disciplinary measures including reduction of trips, probations, suspension, or removal from the Transportation Provider Network.

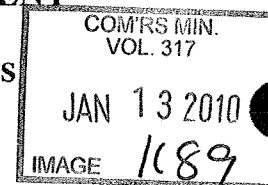
Transportation Provider understands that selection of the Transportation Provider's transportation services by MTM will be based solely upon the quality and availability of their service and, where applicable, upon competitive pricing of its services relative to other Transportation Providers doing business in their services area. Transportation Provider warrants that no monies have been or will be paid directly or indirectly to any employee of MTM as wages, compensation or gifts in exchange for favors in granting of transportation services to Transportation Providers.

The "MTM Transportation Provider Guidelines" are the basis for the MTM Transportation Provider Quality Management and Risk Management Program and are intended to provide consistency and uniformity in MTM's operations. These Guidelines comply with MTM Client requirements and provide procedures, processes, routines, and documents which will clearly establish defined standards for the Transportation Provider's participation in the program. These Guidelines are subject to periodic revision, as needed, to further enhance the MTM Medical Transportation Program and to comply with MTM Client requirements. The Transportation Provider Guidelines, and any revisions or amendments thereto, are effective upon receipt by the Transportation Provider. Transportation Providers understand adherence to the MTM Transportation Provider Guidelines is required.

Note: See definitions section of the Medical Transportation Services Agreement and Appendix F for guidelines specific to your contract.

**Draft ATTACHMENT Service Agreement and Guidelines
TO MEDICAL TRANSPORTATION SERVICES AGREEMENT**

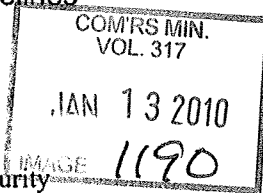
MTM TRANSPORTATION PROVIDER GUIDELINE REQUIREMENTS



1.0 General Transportation Provider Requirements

- 1.1 Transportation Provider agrees not to differentiate or discriminate in the treatment of any passenger on the basis of sex, marital status, age, race, color, national origin, ancestry, religion, disability, medical condition, veteran status, political affiliation, economical status, or sexual orientation.
- 1.2 Transportation Provider must immediately report to MTM any change in Transportation Provider's ownership, corporate officers or controlling interest.
- 1.3 Transportation Provider must immediately report to the MTM Network Management Department any change in Transportation Provider's address, phone number and/or fax number.
- 1.4 Transportation Provider and its employees and agents must maintain the confidentiality of any and all information related to MTM services, Clients, and passengers, and comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Copies of signed confidentiality forms must be provided to MTM*
- 1.5 Breach of confidentiality may result in suspension and/or termination from the Transportation Provider Network.
- 1.6 Transportation Provider understands if there is suspicion of fraudulent Transportation Provider activity, an investigation will be conducted by MTM, with appropriate action taken, including notification to the MTM Client, recovery of overpayments from future payments, and potential termination of the contract between the Transportation Provider and MTM.
- 1.7 Transportation Provider agrees to cooperate with MTM and the MTM Client in the investigative process of suspected fraudulent activity.
- 1.8 Transportation Provider/driver shall ensure that services available to MTM passengers are at least comparable in quality to services available to the general public.
- 1.9 Transportation Provider agrees that MTM trip requests will have equal priority with Transportation Provider's day-to-day services.
- 1.10 Transportation Provider must not inquire as to the nature of a passenger's illness or medical services received, except in the following instances:
 - a) Transportation Provider needs to know such information due to medical necessity relating to appropriate transportation.
 - b) The passenger becomes ill during the course of the trip and acquiring such information is considered pertinent to assuring the passenger's safety and well being.
- 1.11 Transportation Provider shall provide drivers with visible employee picture identification card, picture ID badge or uniform with name for security and identification purposes. Some MTM Clients may require uniformed drivers.
- 1.12 Transportation Providers must obtain and maintain in current status any and all business licenses, permits, certificates, and registrations that are required by Federal, State or local laws, rules and regulations, and must provide copies to MTM upon request.
- 1.13 Transportation Providers must comply with all applicable State and Federal laws including, but not limited to, the Americans With Disabilities Act (ADA) of 1990; Federal Transit Administration (FTA) regulations (including FTA's drug and alcohol regulations); the Federal Highway Administration's drug and alcohol regulations' Rehabilitation Act of 1973, Section 504; the requirements of 42 Code of Regulations, Part 431, Subpart F; and Title VII of the Civil Rights Act of 1964.

**Draft ATTACHEMENT Service Agreement and Guidelines
TO MEDICAL TRANSPORTATION SERVICES AGREEMENT**

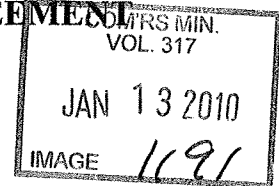


- 1.14 Transportation Provider must display any applicable current State motor vehicle inspection sticker.
- 1.15 Transportation Provider must provide to MTM their Federal Tax ID ("EIN"), or Social Security number, whichever is applicable.
- 1.16 Transportation Provider agrees to respond to complaints within forty-eight (48) hours and to provide resolution and/or a corrective action plan approved by MTM.
- 1.17 Transportation Provider agrees to allow, cooperate, and participate in MTM on-site visits of the Transportation Provider's place of business and inspection of business records and vehicles.
- 1.18 Transportation Provider agrees to respond to recommendations of the on-site visit and understands that failure to respond by the requested date will result in future trips not being scheduled with the Transportation Provider until such time that satisfactory responses are in place.
- 1.19 Transportation Provider must comply, at a minimum, with their chosen service level. MTM service levels are:
 - a) Curb to Curb
 - Driver must pull the vehicle up to the pick-up and destination entrances.
 - b) Door to Door
 - Driver must go to passenger's residence door or facility entrance and announce arrival as referred to in Guideline 10.5.
 - Upon arrival at the destination, it is the driver's responsibility to bring the passenger to the appropriate entrance or specified office as requested.
 - Return trip must follow the above instructions.
 - Door to Door service will also encompass points noted in Curb to Curb.
 - c) Bed to Bed
 - Driver must enter the home and help passenger with bedside needs to assure safe assistance to and from the vehicle.
 - Transportation Providers providing Bed to Bed service must have current General Liability Insurance on file with MTM.
 - Bed to Bed service will also encompass Door to Door and Curb to Curb service.

2.0 Driver Qualifications

- 2.1 All drivers for MTM trips must possess an appropriate current, valid driver's license for the size vehicle he/she is driving and as required by the State and local governmental entity in which he/she provides transportation.
- 2.2 Drivers must be at least 21 years of age.
- 2.3 Drivers must be able to read, write and communicate effectively in English. It is in the Transportation Provider's best interest to employ drivers and/or office personnel who are also fluent in any other languages prevalent in Transportation Provider's service area.
- 2.4 Drivers must be physically able to assist passengers entering and exiting vehicles.

**Draft ATTACHMENT Service Agreement and Guidelines
TO MEDICAL TRANSPORTATION SERVICES AGREEMENT**



3.0 Driver Requirements

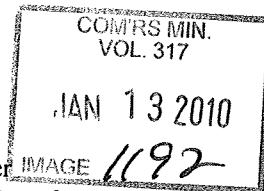
- 3.1 Drivers must obey all Federal, State and local traffic laws.
- 3.2 Drivers understand that in the event a driver or passenger feels there is a need for emergency medical assistance, the driver must immediately call 911.
- 3.3 Drivers must drive in a safe and courteous manner
- 3.4 Drivers must conduct themselves in an appropriate, courteous and professional manner.
- 3.5 Drivers must maintain an acceptable standard of dress, personal grooming and behavior in order to present a neat, clean and professional appearance.
- 3.6 Drivers *must not smoke* in the vehicle, or smoke in the presence of, or while assisting, any MTM passengers.
- 3.7 Drivers must not allow passengers to smoke in the vehicle. It is required that Transportation Provider post a "NO SMOKING" sign in all vehicles.
- 3.8 Drivers must not eat while driving MTM passengers.
- 3.9 Drivers must maintain a "trip" or "log sheet" listing all MTM trips for each individual day. The trip or log sheets must be legible and complete. *Required log information is found in Appendix E*
- 3.10 Drivers must not use alcohol or drugs at any time, and if taking medication, must still be able to perform his/her duties in a safe manner. Any driver taking medication which may hinder his/her performance must report such use to his/her supervisor, and not transport MTM passengers.
- 3.11 Drivers must not allow personal friends or family to ride in vehicle while transporting MTM passengers, unless specifically authorized by MTM. Exceptions may be made for larger multi-passenger vans and buses designed for shared rides, or for approval for a ride-a-long spouse for a long distance trip.
- 3.12 Drivers must not allow animals in the vehicle unless necessitated by the passenger for medical purposes, and requires pre-authorization from MTM.
- 3.13 Drivers must not make personal stops, other than for restroom and passenger/Transportation Provider agreed-upon restaurant breaks, while transporting MTM passengers unless specifically authorized by MTM.
- 3.14 Drivers must require passengers to use seat belts properly and assist in fastening seat belts where necessary, and must refuse to continue travel if passengers are non-compliant.
- 3.15 Drivers understand infants/children are to be in proper infant/child restraint seats as required by State or Federal law. In the event a proper seat is not available, or the use of proper child restraint seat is refused, the driver must deny transportation.
- 3.16 Drivers must not place children in child restraint seats in the front seat of a vehicle.
- 3.17 Drivers must exit the vehicle to open and close vehicle doors when passengers enter or exit the vehicle. Except where service is curb to curb, they must provide safe assistance to or from the main door or reception desk of the place of destination, when needed.
- 3.18 Drivers must assure passengers enter and exit the vehicle in an unobstructed and safe location.
- 3.19 Drivers are required to store in the trunk of the vehicle, or properly secure for safety, folding wheelchairs, carry-on packages, and walking aids such as canes, walkers, etc.
- 3.20 Drivers must not touch any passenger except as appropriate and necessary to assist the passenger into or out of the vehicle, into a seat and to secure the seatbelt, or as necessary to render first aid or assistance for which the driver has been trained.

**Draft ATTACHMENT 1 Service Agreement and Guidelines
TO MEDICAL TRANSPORTATION SERVICES AGREEMENT**

- 3.21 Drivers must not make sexually explicit comments or solicit favors, medications, or money from passengers.
- 3.22 Drivers must properly identify and announce his/her presence at the entrance of the building or with attending facility staff at the specified pick-up location, if a suitable curbside pick-up is not apparent.
- 3.23 Drivers must not enter the passenger's home except under prior authorization from MTM.
- 3.24 Drivers shall not wear any type of headphones while on duty. Driver shall have the volume of the radio at a level acceptable to passengers.
- 3.25 Drivers shall not accept responsibility for any of passenger's personal items.
- 3.26 Drivers must confirm that all wheelchairs and motorized scooters are properly secured to the vehicle and wheelchair and motorized scooter passengers are properly secured in the wheelchair before allowing the vehicle to proceed.
- 3.27 All vehicles used to transport passengers who must sit in wheelchairs during transport must have raised roof or lowered floor.
- 3.28 For wheelchair transports, if more than minimal assistance is required, a wheelchair lift vehicle must be provided, which meets all ADA standards.
- 3.29 Drivers must not allow firearms, alcoholic beverages in open containers, unauthorized controlled substances, or highly combustible materials to be transported in the vehicle.

4.0 Driver Training

- 4.1 Transportation Provider must develop and maintain a specific Transportation Provider Driver Training Policy for providing appropriate training for newly hired vehicle operators (drivers), and a Driver In-Service Training Policy for annual Training of current drivers. Suggested training activities may be a combination of reading materials, film or video media presentations, verbal instruction and on-the-job training.
- 4.2 Transportation Provider must provide MTM with a copy of the Transportation Provider's Driver Training Policy* and Driver In-Service Training Policy*.
- 4.3 MTM requires Transportation Providers to provide all drivers with training in Basic First Aid, Defensive Driving, Assisting Passengers With Disabilities, Transportation Provider's established Emergency Procedures, Universal Precautions for bloodborne pathogens, and use of a fire extinguisher. Basic First Aid and Defensive Driving Training is to include training listed in **Appendix A**. The training must be documented in the employee's file. Additional suggested training and training resources are listed in **Appendix B**.
- 4.4 All drivers responsible for transporting passengers in wheelchairs must be trained in proper loading, unloading and wheelchair tie-down procedures prior to transporting MTM wheelchair passengers. The training must be documented in the employee's file.
- 4.5 All required training must be completed within 90 days of the driver's hire date, and must be documented as determined by MTM in driver's file, in order to continue to transport MTM passengers.



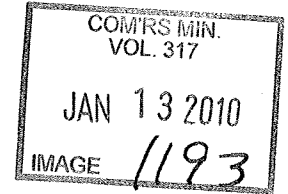
**Draft ATTACHMENT Service Agreement and Guidelines
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5.0 Transportation Provider Personnel Policies/Documentation

5.1 Transportation Provider must maintain a file on each driver, including owners, when they have driving responsibilities, which shall include:

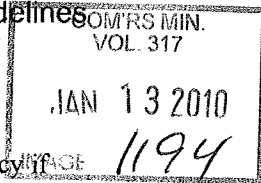
- a) Documentation of training
- b) Copy of current driver's license
- c) Driver evaluations
- d) Results of a criminal background check*
- e) Results of a child abuse or neglect background check*
- f) Results of an elderly abuse background check*
- g) Results of a State specific driver history record check*
- h) Signed Drug-Free Workplace policy

Note: d-f will be performed, to the extent permitted by law, in Transportation Provider's state of operation. Copies of the background record checks (d-g) shall be provided to MTM within ten (10) days of the date on the records check.



- 5.2 Transportation Provider must develop and provide MTM with a copy of a Driver Orientation Policy and Procedure.*
- 5.3 Transportation Provider must assure current laws regarding drug and alcohol testing are enforced for any of their drivers or attendants. Documentation must be available to MTM upon request.
- 5.4 Transportation Providers must establish and maintain a Substance Free Workplace Policy to include, reasonable suspicion and a for-cause testing procedure. MTM recommends this policy include a pre-employment drug screening. This policy must be in writing and signed by the driver. Results must be documented in the driver's file.
- 5.5 If the Transportation Provider has reasonable suspicion of a driver to be driving under the influence of alcohol or drugs, the Transportation Provider must immediately remove the driver or attendant from MTM service until a proper medical evaluation can be made.
- 5.6 If MTM has reasonable suspicion, MTM reserves the right to require a driver to have an alcohol and/or drug screening at any time at the expense of the Transportation Provider. Screening tests must be accomplished within the time frame designated by MTM. Upon request, driver/drivers will not be allowed to transport MTM passengers until a proper medical evaluation has been received and approved by MTM. Refusal to submit to testing within the designated time frame is considered a positive test result and will have the same disciplinary consequences. Driver/drivers testing positive for drugs and/or alcohol will no longer be permitted to transport MTM passengers.
- 5.7 Transportation Provider must subject all drivers, including new drivers, to a State specific driver history record acquired through the State's Department of Motor Vehicles and the results must be documented in the driver's file.
- 5.8 Transportation Provider must run State specific driver history records once per year, at a minimum, on all drivers providing MTM service, and copies shall be available to MTM upon request.
- 5.9 To the extent permitted by law, all drivers and attendants, including new drivers, must be subjected to a criminal background check through the State law enforcement agency on an annual basis. The results must be documented in the driver's file.*

**Draft ATTACHMENT Service Agreement and Guidelines
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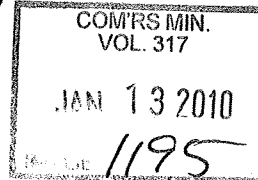
- 5.10 To the extent permitted by law, all drivers and attendants, including new drivers, must be subjected to a child abuse or neglect background check through the appropriate State agency if such information is not included in the criminal background check. The results must be documented in the driver's file. The record of the background check MUST be provided to MTM.*
- 5.11 To the extent permitted by law, all drivers, including new drivers, must be subjected to an elderly abuse background check through the appropriate State agency if such information is not included in the criminal background check. Results must be documented in the driver's file. The record of the background check must be provided to MTM.*
- 5.12 No driver may perform transportation services for MTM until the appropriate criminal background check, child abuse/neglect background check, and elder abuse background check have been obtained and no disqualifying incidents are indicated. Appropriate evidence of the results must be provided to MTM.
- 5.13 Transportation Provider must not use any driver or attendant with any of the following convictions or substantiated incidents:
- a) child abuse or neglect
 - b) spousal abuse
 - c) a crime against a child
 - d) a crime against an elderly or infirm individual
 - e) a crime involving rape, sexual assault, or other sexual offense.
 - f) Homicide
- 5.14 Transportation Provider must not use any driver or attendant who has the following return notification from the Background Screening/Investigation Unit of the Children's Division (or similar agency):
- a) "Category" is shown as physical abuse or sexual maltreatment;
 - b) "Severity" is shown as moderate, serious/severe, permanent damage, or fatal;
 - c) "Conclusion" is listed as court adjudicated or probable cause.
- 5.15 Transportation Provider must not use any person as a driver or attendant whose name appears on the Department of Social Services, the Department of Mental Health, or the Department of Health and Senior Services Employee Disqualification List (EDL), or on other similar agency list(s).
- 5.16 Transportation Provider must not use any person as a driver or attendant whose name, when checked against the Family Care Registry (or similar agency registry), registers a "hit" on any list maintained and checked by the registry.
- 5.17 Transportation Provider must not use any person as a driver or attendant in the conduct of MTM services who has a felony criminal conviction of a felony offense within the immediate past five (5) years. Further, any conviction (misdemeanor or felony) for any of the following driving offenses within the previous five (5) years shall disqualify a driver from performing MTM services:
- a) DUI or DWI, or other alcohol related offense
 - b) Careless and imprudent, or reckless driving

For purposes of these Transportation Provider Guidelines, the term "conviction" shall also include any plea of guilty, finding of guilty, plea of "nolo contendere", or similar disposition, whether or not such disposition results in a sentence or conviction under applicable state or local laws. MTM further reserves the right to disapprove of any driver or attendant for safety reasons; or where disqualification of a driver or attendant is requested by an MTM Client; or for other

**Draft ATTACHMENT A Service Agreement and Guidelines
TO MEDICAL TRANSPORTATION SERVICES AGREEMENT**

reasons of good cause within MTM's sole discretion. Transportation Provider acknowledges that the offenses listed herein are not an exclusive listing, but that there are other offenses and pertinent circumstances which can result in the disapproval of a driver or attendant.

- 5.18 Transportation Provider must not allow drivers or attendants to perform MTM services who are currently on work release, probation, or parole for any felony, or any offense of the type identified in 5.13-5.17.
- 5.19 Transportation Provider must not use any driver with the following:
- a) Convicted of more than two (2) minor motor vehicle moving violations, such as speeding, failure to stop, improper operation, etc., within the previous twenty-four (24) months
 - b) More than one (1) at-fault incident (accident) resulting in personal injury or property damage within the previous thirty-six (36) months
 - c) A combination of one (1) unrelated minor motor vehicle moving violation and one (1) at-fault incident (accident) resulting in personal injury or property damage within the previous twenty-four (24) months
 - d) Revocation of the driver's vehicle operator's license within the previous three (3) years
- 5.20 Transportation Provider must perform periodic performance evaluations of all drivers, at a minimum, every twelve (12) months and maintain documentation of each evaluation in each driver's file. Transportation Provider must maintain and provide MTM with a copy of the Transportation Provider's Driver Performance Evaluation Policy.*
- 5.21 Transportation Provider must maintain a driver's health record, signed by the driver, that no physical or health limitation exists that prevents competent operation of the motor vehicle or ability to assist any recipient in and out of the vehicle who requests such assistance.
- 5.22 MTM reserves the right to deny the approval of any driver, or to require a Transportation Provider to suspend, or otherwise discontinue the use of any driver, in the performance of MTM services at the sole discretion of MTM.

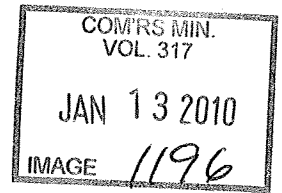


6.0 Vehicle Requirements

- 6.1 Transportation Provider must provide the make and model, model year, vehicle identification number (VIN), license number, and vehicle type (sedan, minivan, paralympic, etc.) to MTM for every vehicle used to transport MTM passengers. This information must be provided no later than the vehicle's first day of service. Additionally, the Transportation Provider must notify MTM of any vehicle permanently removed from MTM service.
- 6.2 All seat belts must be in proper working order and accessible to the passenger.
- 6.3 Transportation Provider shall provide seat belt extensions when needed.
- 6.4 All vehicles must prominently display Transportation Provider's name, and phone number in the interior of the vehicle.
- 6.5 All vehicles must be clearly marked showing Transportation Provider's business name on the outside of the vehicle.
- 6.6 All vehicles must be equipped with operable heating, air conditioning and ventilation systems.

**Draft ATTACHMENT Service Agreement and Guidelines
TO MEDICAL TRANSPORTATION SERVICES AGREEMENT**

- 6.7 All vehicles in use for MTM services must have:
- a) Emergency first-aid kit
 - b) fire extinguisher – (A,B,C)
 - c) three (3) reflective triangles or similar emergency warning devices
 - d) blood borne pathogen spill kits
 - e) extra electrical fuses
 - f) flashlight
 - g) ice scraper
 - h) current insurance card
 - i) current vehicle registration
 - j) MTM or Transportation Provider Accident/Incident forms
 - k) Transportation Provider Accident Procedure
 - l) Such other equipment as may be required by MTM



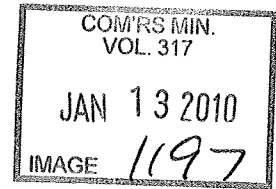
Additional equipment is recommended in Appendix C.

- 6.8 Passenger cars (sedans) must have four (4) doors. Two-door vehicles are not acceptable when transporting MTM passengers.
- 6.9 When a Transportation Provider utilizes a high profile/tall vehicle to transport MTM passengers that has greater ground clearance than an average-sized sedan, Transportation Provider must provide a sturdy, non-skid, stepping aid to assist the passenger in entering and exiting the vehicle. This stepping aid must be capable of safely supporting 300 pounds, must be no higher than twelve inches (12") above the ground, with a nonskid top surface not less than eight inches by twelve inches (8" x 12").
- 6.10 For all vehicles used for paralift operations, the overhead clearance between the top of the door opening and the raised lift platform, or highest point of ramp, shall be a minimum of 56 inches, or such other distance as may be required by ADA or other federal or state laws or regulations.
- 6.11 MTM requires all wheelchair lifts have a design load of at least 600 pounds.
- 6.12 All ramps used for the loading and unloading of passengers must meet ADA Accessibility Guidelines.
- 6.13 All tie-downs or other securement devices used for paralift operations must meet the ADA Accessibility Guidelines.
- 6.14 Vehicles must not be more than ten (10) years old and preferably not more than six (6) years old.
- 6.15 Vehicles, regardless of age, may be taken out of service for use with MTM passengers at the discretion of MTM after a vehicle assessment is performed.
- 6.16 Vehicles are required to have a form of two-way communication, which enables a central dispatch to contact the driver at any time.
- 6.17 Vehicles must be clean, mechanically safe, and road-worthy.

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6.18 All vehicles in use for MTM service must have:

- a) Functional door handles
- b) Accurate speedometers and odometers
- c) Functioning interior lighting
- d) Adequate side-wall padding and ceiling covering
- e) One (1) interior rearview mirror
- f) Two (2) exterior rearview mirrors – one on each side of the vehicle
- g) Passenger compartments that are clear and free from unsightly and potentially hazardous, torn upholstery, torn floor covering or dangling seat belts
- h) Cell phones are not to be used unless responding to a dispatcher call or making an emergency call



6.19 All vehicles in use for MTM service must not have:

- a) Damaged or broken seats
- b) Protruding or sharp edges
- c) Dirt, oil, grease or litter in the vehicle
- d) Broken mirrors or windows (other than small rock chips)
- e) Excessive grime, rust, chipped paint or major dents

6.20 Transportation Provider agrees to remove from MTM service any vehicle to be found unsatisfactory in reference to conditions listed in this section, or is questionable with regards to safety or roadworthiness until repairs are completed

6.21 A vehicle with an inoperative two-way communication system must be placed out of service until the system is repaired or replaced.

6.22 Daily pre-trip inspections are required, must be documented, and maintained for three (3) months. *See requirements in Appendix D.*

6.23 Transportation Provider must maintain documentation that each vehicle has:

- a) passed periodic mechanical safety inspections as required by the state in which the vehicle is licensed and
- b) received appropriate periodic maintenance based upon manufactures recommended maintenance schedule.
- c) Documentation is also to include maintenance of fire extinguishers, first aid kits, warning devices (triangles, flares, etc.) and bloodborne pathogen spill kits.

6.24 Documentation of regular maintenance procedures and repairs must be available to MTM upon request.

6.25 All vans and busses shall have accessible emergency exit(s) with appropriate emergency procedures posted in compliance with Federal Motor Vehicle Standard No. 217.

7.0 Insurance Requirements

7.1 Transportation Provider is required to provide proof of commercial automobile liability insurance for any vehicle used for MTM service, in accordance with contract terms by means of:

- a) Certificate of Insurance from the carrier with MTM named as a Certificate Holder.*
- b) MTM named as an "Additional Insured" on a primary, non-contributing basis on Transportation Provider's Certificate of Automobile Liability insurance and General Liability insurance.

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- c) Certificate of Insurance must be furnished to MTM as coverage renews.*
- 7.2 Transportation Provider's commercial automobile liability insurance must meet the coverage limits set by MTM, MTM's Client, or the applicable federal, state, and local laws and regulations, whichever is greater. MTM may amend the required minimum coverage limits at its discretion. The minimum auto liability insurance coverage required by MTM is \$300,000 combined single limit (CSL). MTM strongly encourages increased coverage for the Transportation Provider's protection. Higher coverage limits required by specific MTM Clients may limit Transportation Provider's ability to take trips for those Clients.
- 7.3 Transportation Provider must comply with State's coverage requirements for Worker's Compensation Insurance. A Transportation Provider that fails to obtain Workers Compensation for all its drivers, agents and employees must provide MTM with sufficient documentation that the Transportation Provider is exempt under applicable state law from maintaining Workers Compensation insurance coverage. A mere statement from the Transportation Provider that it is exempt is not sufficient. MTM reserves the right to require all Transportation Providers, including those otherwise exempt, to maintain Workers Compensation insurance.
- 7.4 Transportation Provider must notify MTM immediately in the event their insurance coverage is modified or terminated.
- 7.5 MTM encourages Transportation Providers to obtain "Commercial General Liability" coverage in addition to their "Commercial Automobile Liability". MTM reserves the right to require Transportation Providers to maintain Commercial General Liability insurance, or other insurance, to participate in the MTM Transportation Provider network. MTM shall be a Certificate Holder and an Additional Insured on a primary non-contributing basis on all policies.
- 7.6 Transportation Provider, at its sole cost and expense, must procure and maintain such policies of general and automobile insurance liability, both of which policies shall include contractual liability, Workers Compensation insurance and other insurance as shall be necessary to insure Transportation Provider, and its agents, employees, subcontractors including subcontracted transportation companies, owner/operators, drivers and assigns, including volunteer drivers, and MTM against any claim or claims for damages arising from performance of any services by Transportation Provider to MTM.
- 7.7 When proof of insurance is requested by MTM, Transportation Provider must provide documentation five (5) business days prior to the date of expiration or no future trips will be awarded. Additionally, MTM will begin canceling all existing trips. Canceled trips will not automatically go back to the Transportation Provider when they produce current and correct insurance documentation.

8.0 Operational Requirements

- 8.1 Transportation Provider's dispatch/office must be able to be reached by phone during Transportation Provider's regular business hours, and answered by a "live" person, not by an answering machine or answering service.
- 8.2 Transportation Provider must maintain all records, including driver logs, trip sheets, and billing reports pertaining to MTM services for five (5) years, from the end of the calendar year during which services were provided, and retained further if the records are under review or audit until the review or audit is complete.
- 8.3 Transportation Provider understands records requested by MTM must be original documents sent at Transportation Providers expense, and will not be returned. Transportation Provider must maintain copies at their expense.

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- 8.4 Transportation Provider must allow on-site general performance evaluation, inspections, auditing, monitoring, and duplication of records at no charge, of any and all data, billing reports, trip/log sheets, vouchers and other records maintained by Transportation Provider on MTM passenger trips, by agents of MTM, MTM Clients or State or Federal government during normal business hours. MTM may conduct such evaluations and inspections unannounced.
- 8.5 Transportation Provider understands if the Service Agreement (contract) is terminated for any reason, Transportation Provider must forward all required records for the five (5) year retention period to MTM. Transportation Provider agrees final payment to Transportation Provider from MTM will be withheld until MTM has received these records.
- 8.6 Transportation Provider must provide transportation services as ordered by MTM on an efficient and timely basis.
- 8.7 If passenger is delayed due to late pick-up or drop-off by Transportation Provider, and cannot be seen at appointment, Transportation Provider will not be reimbursed for trip.
- 8.8 Transportation Provider agrees to notify MTM immediately of any significant delays such as a breakdown or stopped traffic, which cause the passenger to be 15 minutes or more late for his/her medical appointment. In addition to MTM notification, Transportation Provider will make subsequent alternative plans for completing the trip in a timely manner if the medical appointment can still be attended.
- 8.9 Transportation Provider agrees to contact the passenger, if phone number is provided by MTM, to notify of a significant pick-up delay and obtain information as to whether or not the passenger will still be able to attend the scheduled appointment.
- 8.10 Transportation Provider understands if they are consistently late for pick-up and/or drop-off by MTM's assessment, Transportation Provider may face disciplinary action and be assessed liquidated damages.
- 8.11 Transportation Provider must not sub-contract with other transportation companies for MTM services without prior written approval of MTM. If MTM becomes aware a Transportation Provider uses a sub-contracted company without written approval from MTM, Transportation Provider will not be paid.
- 8.12 Approved sub-contracted Transportation Providers must meet the same standards and adhere to the same "MTM Transportation Provider Guidelines" as does Transportation Provider, and Transportation Provider must be responsible for their approved sub-contracted Transportation Providers.
- 8.13 Transportation Provider may not solicit money from MTM Clients or their passengers for payment of MTM authorized transportation services; except that Transportation Provider may collect a co-pay amount approved by MTM and MTM's Client from the passenger, where applicable.
- 8.14 Transportation Provider understands recurring trips may be reassigned due to Transportation Provider closures. These trips may be reassigned for the remainder of the award period.
- 8.15 Transportation Provider shall have a MTM approved accident/incident investigation procedure in writing, and shall follow that procedure to respond to and review all accidents/incidents.
- 8.16 Transportation Provider must provide a copy of the Transportation Provider's Accident/Incident Investigation Procedure to MTM.*
- 8.17 Transportation Provider must report all incidents, accident and injuries occurring while the Transportation Provider or a sub-contracted Transportation Provider is transporting any MTM passenger(s).

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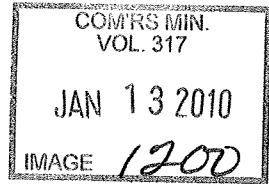
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TO MEDICAL TRANSPORTATION SERVICES AGREEMENT**

- 8.18 Transportation Provider accident/incident reports must be made in writing by the end of the next business day following an accident/incident while transporting an MTM passenger. If there are injuries involved, Transportation Provider must also report verbally to MTM within three (3) hours of the accident/incident.
- 8.19 At a minimum, the accident/incident report must include the name of the driver, transported passenger(s), and specific details of the accident/incident and related injuries.
- 8.20 A copy of the police report must be provided to MTM as soon as it is available.



9.0 Trip Scheduling

- 9.1 Transportation Provider agrees to check the MTM Daily Fax Summary to make certain all trip faxes have been received by Transportation Provider. *Transportation Provider must contact MTM if a fax has not been received.*
- 9.2 If Transportation Provider knows that the price, zip codes, or any other data, on the trip request is incorrect, Transportation Provider must notify MTM of the corrections immediately.
- 9.3 Transportation Providers are required to schedule drivers with adequate time allowances so speed limits are followed and passengers arrive on time for appointments.
- 9.4 Transportation Provider must establish, where applicable, an internal schedule for the passenger's return "will call" trip pick-up which does not impose unreasonable waiting time for the passenger, not to exceed one (1) hour *maximum* from time of passenger's call (see 10.7).
- 9.5 The wait time for a pre-scheduled return trip, such as dialysis, rehabilitation, etc., after an appointment, *shall not exceed thirty (30) minutes.*
- 9.6 Transportation Provider must notify MTM as soon as the determination is made the Transportation Provider is unable to take an assigned trip. Notification to MTM must be made immediately so that adequate time exists to comfortably reassign the trip at no undue cost to MTM.
- 9.7 Transportation Provider must not overbook MTM trips.
- 9.8 Transportation Provider agrees to contact the passenger by phone within a twenty-four (24) hour window prior to trip, if phone number is provided, to confirm the Transportation Provider's estimated arrival time.
- 9.9 Transportation Provider shall provide the Transportation Provider's phone number to the passenger during the pre-trip confirmation phone call.
- 9.10 Transportation Provider may give the passenger a ½ hour "window," fifteen (15) minutes before and after ideal pick-up time, providing the passenger will arrive on time for the appointment.
- 9.11 For the Transportation Provider's benefit, the Transportation Provider must note on the form what time Transportation Provider made the confirming call and with whom the Transportation Provider spoke.
- 9.12 If a trip is canceled by the passenger directly, the Transportation Provider must document all cancellation information, using the "MTM Coding System for MTM Canceled Trips," and report such on the weekly reconciliation report.
- 9.13 Transportation Provider will not take calls directly from the passenger to arrange for covered transportation services except for the "will call" telephone call for pick-up for the second leg, or additional multiple leg trip.
- 9.14 If passenger calls Transportation Provider directly (except for the "will call" situation), Transportation Provider must notify them to call the toll-free telephone number or local number provided to the passenger to arrange and authorize their transportation.

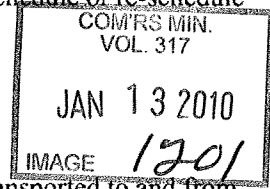
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- 9.15 Transportation Provider will not contact passenger's medical provider to schedule or re-schedule appointments.

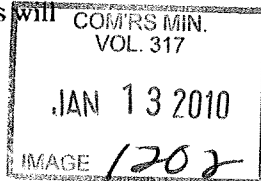
10.0 Trip Process

- 10.1 Transportation Provider agrees MTM passengers must be picked up and transported to and from appointments in a manner that results in the accrual of the lowest number of miles from the pick-up point to the final destination point, with the exception being when the passenger will be transported in a more timely manner by using a longer route such as a major highway.
- 10.2 The Transportation Provider is obligated to accept all passenger trips assigned by MTM.
- 10.3 Transportation Provider must not cause a passenger to arrive more than thirty (30) minutes prior to an appointment, unless requested or pre-authorized by MTM or the passenger.
- 10.4 Transportation Provider must allow a minimum of five (5) minutes "wait time" at pick-up locations for scheduled passenger(s) to enter vehicle.
- 10.5 Drivers must make "best effort" to make contact with the passenger notifying them their ride is waiting outside before leaving the premises without the passenger. This would include, at a minimum, honking, knocking at door, inquiring at reception desk and calling dispatch to place a call to the passengers to notify them their ride is outside.
- 10.6 Transportation Provider agrees to present to the passengers upon leaving the vehicle, a business card, typed instructions, or a pre-printed sticker, advising the passenger of contact and phone number to call in order to arrange for a return ride home.
- 10.7 Transportation Provider must ensure all return and "will call" trips are picked up within a maximum of sixty (60) minutes of the passenger's request for a return trip (see 9.5).
- 10.8 Transportation Provider must maintain that all trips not exceed one (1) hour "in vehicle" riding time, except in those cases in which an unusual traveling distance is involved.
- 10.9 In multiple-passenger situations, passengers should not remain in the vehicle for more than forty-five (45) minutes longer than the average travel time for direct transport. Exceptions may occur in the circumstance of a long, rural multiple-passenger routed trip – in which case, the passenger should be notified prior to the trip of the lengthy travel time. Further exceptions could include pick-up and/or destinations outside of the stated local service area.
- 10.10 Transportation Provider agrees to complete any pre-scheduled round trips even under the circumstance when the medical service extends past the approximate expected completion time.
- 10.11 Transportation Provider must maintain a signed trip or log sheet, including passenger's signature and date of transport, listing all passengers' scheduled rides for each individual day. Note: All driver trip logs must be maintained for five (5) years.
- 10.12 Transportation Provider must require the passenger to sign the trip/log sheet, or an individual voucher for each leg of the trip. The passenger's signature is used as part of the trip verification process.
- 10.13 Transportation Provider must not require passenger to sign the trip/log sheet on any leg of the trip which is not completed; to include passenger no-shows.
- 10.14 Transportation Provider understands actual pick-up time and drop-off time must be noted for each authorized passenger on the trip log sheet. Clearly designate date, using either a.m. or p.m. designation or military time.
- 10.15 Transportation Provider understands lack of passenger signatures or date of transport may result in MTM denial of payment to Transportation Provider in the recoupment of trip charges.



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- 10.16 If passenger is unable to sign, driver must document reason on trip/log sheet. Transportation Provider understands payment may be subject to verification of noted reason.
- 10.17 An adult, accompanying a minor child, may sign the adult's name on the trip/log sheet as long as the minor's name is clearly noted as well.
- 10.18 Transportation Provider must provide MTM with the trip/log sheets, or the vouchers, upon request. *See Appendix E for trip/log sheet information.*
- 10.19 Transportation Provider/passenger must call for approval prior to taking passenger to an unscheduled appointment or a pharmacy trip. If Transportation Provider does not obtain prior approval from MTM, they will not be paid for the trip.
- 10.20 If there is a discrepancy on the number of additional passengers noted on the trip faxes, Transportation Provider must contact MTM before leaving passenger's home/pick-up location. If Transportation Provider does not obtain prior approval from MTM, additional passenger fees will not be paid



11.0 Trip Requirements

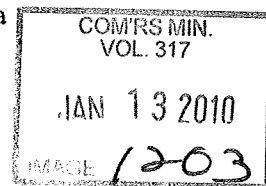
- 11.1 MTM requires, the Transportation Provider, to call MTM with all no-shows at the time of the no-show.
- 11.2 Transportation Provider must also report all passenger no-shows and cancellations, in accordance with the "MTM Coding System for MTM Canceled Trips," to MTM on the MTM weekly reconciliation report.
- 11.3 MTM recommends the Transportation Provider verify and document no-shows at the passenger's home.
- 11.4 Transportation Provider agrees to verbally notify MTM immediately of any incidents of passenger misconduct. MTM may require written follow-up from the Transportation Provider.
- 11.5 Transportation Provider agrees to report to MTM any known or suspected fraud or willful abuse of MTM services by a passenger, which includes, but not limited to:
 - a) Passenger asking to be transported to locations other than the trip destination assigned to the Transportation Provider
 - b) Verbal or physical abuse
 - c) Chronic no-shows
 - d) Evidence, which could include a visual sighting, that the passenger did not attend the appointment to which they were transported
 - e) Evidence, which could include a visual sighting, that passenger has working personal transportation available.
- 11.6 Transportation Provider understands all "trips" are defined as one-way trips.
- 11.7 Transportation Provider understands that, due to disability, age or mental condition, some passengers utilizing MTM services require assistance and/or the use of an escort/attendant. The escort/attendant must be recruited by the passenger or MTM, and multiple escorts are not permitted. Such escort/attendant's travel is to be provided by the Transportation Provider free of charge.
- 11.8 Children under 16 years of age, to be transported, must have a signed consent by a parent/guardian provided to the driver before the time of service. Transportation Provider agrees to attach consent to trip/log sheet.

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- 11.9 Transportation Provider understands when a "child," less than 16 years of age, is utilizing MTM services for a medical service; it is prudent for a parent, guardian, or responsible adult chaperone to accompany the child. The accompanying passenger must be transported free of charge. *Note: A passenger who is an emancipated minor, who does not need a medical attendant, will be allowed to travel alone. MTM will consult with the MTM Client regarding unusual circumstances or requests.*
- 11.10 Transportation Provider agrees the MTM contract requires, at a minimum, two (2) rides, from the same household ride for the price of one (1) fare, regardless of the age of the riders (such as husband and wife or mother and child). In the case of an attendant, the two (2) authorized riders will be the attendant, who does not live in the household but will be picked up there, and the passenger/patient.
- 11.11 Travel during hazardous weather conditions will be at the discretion of the Transportation Provider, based on their judgment of the safety factors involved.
- 11.12 If the Transportation Provider determines a scheduled trip cannot be performed due to unsafe driving conditions during inclement weather, the Transportation Provider must contact, in a timely manner, both the passenger and MTM to notify them of the cancellation.

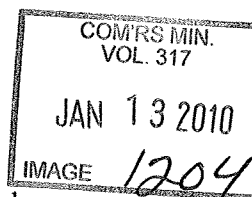
12.0 Reports and Billing

- 12.1 Transportation Provider must submit claims to MTM for authorized MTM-scheduled trips only.
- 12.2 Transportation Provider agrees to bill MTM for their least expensive mode, but most appropriate method, of transport for MTM passengers.
- 12.3 Transportation Provider agrees there will be no charge to MTM for trips canceled by Transportation Provider, passenger, or in advance by MTM.
- 12.4 Transportation Provider may not charge MTM a no-show charge if Transportation Provider failed to place the pre-trip confirmation call to the passenger, if Transportation Provider was supplied with a working passenger phone number.
- 12.5 If a passenger is capable of riding in a sedan type vehicle with their collapsible wheelchair placed in the trunk of the vehicle, the lower ambulatory rate must apply.
- 12.6 If a Transportation Provider uses a wheelchair lift van for ambulatory passengers, the lower ambulatory rate must apply.
- 12.7 Transportation Provider understands that MTM will *not pay for*:
- a) "Waiting time" charges unless specifically authorized by MTM. All Transportation Provider charges for wait time must have approval from the Network Management Department prior to the completion of the weekly reconciliation process. Payments will not be made to the Transportation Provider for wait time charges that have not been approved and documented by the Network Management Department. Requests for wait time payments will be reviewed only in extreme and verifiable situations and must be claimed, in writing, on the weekly reconciliation report.
 - b) Trip charges when Transportation Provider fails to either arrive at pick-up location in time for timely delivery to passenger's appointment, or fails to actually deliver the passenger to his or her appointment on time, the result of which is the appointment cannot be attended or must be re-scheduled.
 - c) Any additional charge if the passenger is picked up from, or dropped off at, any location other than the pre-scheduled MTM authorized addresses.



**Draft ATTACHMENT Service Agreement and Guidelines
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- d) Any additional charge if Transportation Provider diverts to other locations/stops for passengers other than the pre-scheduled MTM authorized addresses, unless specifically authorized by MTM.
- 12.8 The month-end billing total shall be consistent with the same total of the previously agreed-upon weekly report totals for that month, and shall be submitted only *after* final reconciliation with MTM has been completed for the total monthly billing.
- 12.9 Billing shall only include charges consistent with the Transportation Provider's contractual and/or quoted rates with MTM
- 12.10 Transportation Provider understands MTM will make periodic reviews of Transportation Provider no-show charges to check for accuracy, and for Transportation Provider compliance with MTM Guidelines in reference to no-shows.
- 12.11 Signed Transportation Provider invoices for services provided to passengers must be submitted after MTM reconciliation has been completed for the month, and in no event more than forty-five (45) days after the actual date of service.
- 12.12 Transportation Provider shall provide invoices to MTM on forms, at times, and in a manner acceptable to MTM.
- 12.13 Transportation Provider shall give reasonable notice to MTM of any planned changes in its billing/claims submission procedures.
- 12.14 A report week covers the period Sunday through Saturday of the previous week, with the exception being the first weekly report of the month will begin on the first day of the month and the last weekly report of the month will end on the last day of the month, regardless of the day of the week. This report must be itemized in a manner agreed upon by MTM, and the total dollar amount for each weekly report must be verified and agreed upon between MTM and Transportation Provider on a weekly basis.
- 12.15 MTM will fax to the Transportation Provider every Tuesday, a complete list of trips assigned to Transportation Provider for the previous report week (Sunday through Saturday). Transportation Provider must convey the final status of each trip on the report by indicating whether the trip was completed, canceled or a no-show, by using the "MTM Non-Completion of Trip by Reason" coding sheet for reference. The report must be returned to MTM no later than Thursday of the same week.
- 12.16 Transportation Provider will provide passenger signed trip tickets upon request as part of the weekly verification process
- 12.17 Weekly reports will be used by MTM to verify Transportation Provider/passenger trip records. Final billing verification at month-end will be based on the information submitted on the weekly reports. Payment will occur only after receipt of a signed invoice that agrees with the MTM monthly billing invoice.
- 12.18 Unless otherwise provided by contract, Transportation Provider payments of clean claims will be mailed U.S. Mail, or overnighted at the Transportation Provider's expense, semi-monthly providing weekly reports and invoicing were completed and submitted consistent with the timing presented in 12.15 and 12.17. All claims will be either paid, denied, or suspended within 45 days of receipt of the claim.
- 12.19 Transportation Provider agrees to refer to MTM's individual internal Authorization/Trip Number on all paperwork showing the passenger's information relating to the scheduled trip, and to also refer to the Authorization/Trip Number in verbal conversations relating to the passenger's scheduled trip.
- 12.20 Transportation Provider understands disputed billings/claims must be resolved before payment for any disputed bill/claim can occur.



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- 12.21 Transportation Provider understands the Transportation Provider's pricing and MTM's payment is contractual and that Transportation Provider will be paid directly by MTM for covered/scheduled services. Transportation Provider shall not bill, or otherwise seek compensation for services from the transported passenger (other than collection of a co-payment authorized by MTM where applicable) or from MTM's Client, even in the event of MTM's failure to pay Transportation Provider for services rendered.
- 12.22 Transportation Provider understands they are only paid for loaded miles (from passenger's pre-scheduled start location to pre-scheduled end location) and not for the distance traveled by Transportation Provider to arrive at the pick-up location, unless special arrangements are agreed upon by Transportation Provider and MTM in advance of trip.

Transportation Provider understands that executing a Medical Transportation Services Agreement and these MTM Transportation Provider Guidelines does not guarantee Transportation Provider any minimum number of trips and that assignment of all trips is within the discretion and control of MTM.

Transportation Provider further understands that with any violation of contract terms, MTM can immediately suspend assignments of passenger trips to Transportation Provider. MTM also has the right to discipline Transportation Provider for non-compliance with MTM Transportation Provider Guidelines, by restricting or reducing Transportation Provider trip assignment.

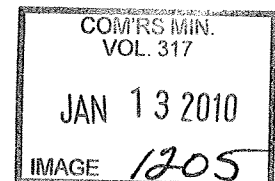
Transportation Provider warrants by signing this document they have read the document in its entirety and have full understanding of all terms and conditions. Transportation Provider further pledges to abide by all terms and conditions set forth herein, and acknowledges such by signature on the "Medical Transportation Services Agreement" and on this page of the "MTM Transportation Provider Guidelines" document. If Transportation Provider does not understand any part of this document, it is the Transportation Providers responsibility to seek the advice of an attorney for clarification prior to signing.

MEDICAL TRANSPORTATION MANAGEMENT, INC.

By: _____

Title: _____

Date: _____



By: _____

Title: _____

Date: _____

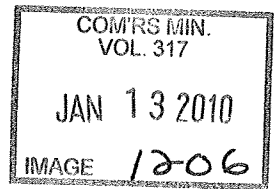
**Draft ATTACHMENT Service Agreement and Guidelines
TO MEDICAL TRANSPORTATION SERVICES AGREEMENT**

Appendix A

Basic First Aid Training must be given by a certified First Aid instructor.

Defensive Driver Training must include one of the following:

- a. National Safety Council DDC-8 Training Class
- b. National Safety Council DDC-PC Online Training
- c. National Safety Council Video Self-Instruction Kit
- d. National Safety Council Self-Instruction CD-ROM Kit
- e. American Association of Retired Persons (AARP) 55-Alive Driver Safety Program
- f. MTM approved Transportation Provider developed in-house training which must include:
 - i. Pre-Trip Inspections
 - ii. Professional Avoidability vs. Legal Liability
 - iii. Motorists/Pedestrians
 - iv. Backing
 - v. Intersections
 - vi. Following Distance
 - vii. Braking/Skids
 - viii. Drugs/Alcohol/Sleep Deprivation
 - ix. Courtesy
 - x. Routines
 - xi. Accident Procedures
 - xii. On-Job Driver Demonstration

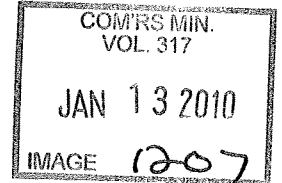


**Draft ATTACHMENT I Service Agreement and Guidelines
TO MEDICAL TRANSPORTATION SERVICES AGREEMENT**

Appendix B

Driver training, both pre-service and Annual, suggested in addition to 4.3 requirements could include:

- a. Loading and securing persons with mobility assist devices
- b. Sensitivity training
- c. Working with passengers with all types of mental and physical disabilities
- d. Passenger relations
- e. On the road in-vehicle practical training, i.e. driving with supervision
- f. Pre/post vehicle inspection responsibilities
- g. Transporting passengers with frailties and oxygen tanks
- h. Safety issues
- i. Radio contact
- j. Review of State/Federal regulations
- k. New laws/regulations
- l. Transportation Provider internal procedures



Suggested training resources:

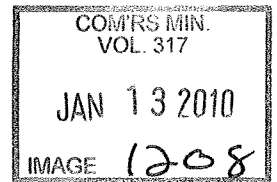
- a. American Red Cross (ARC) for Basic First Aid and CPR
- b. Sate Department of Transportation (DOT)
- c. National Safety Council (NSC)
- d. Training given by local or regional transportation providers in your area
- e. Local fire departments (often have certified people to teach first aid)
- f. MTM approved video tapes
- g. State and local law enforcement agencies

**Draft ATTACHEMENT Service Agreement and Guidelines
TO MEDICAL TRANSPORTATION SERVICES AGREEMENT**

Appendix C

Recommended equipment to carry in vehicles in addition to 6.6 requirements:

- a. Hand Cleaner (a “waterless” cleanser is suggested)
- b. Fuses
- c. Flashlight and Umbrella
- d. Tire Gauge and Jumper Cables
- e. Ice Scraper, Rags and Wipes
- f. Wisk Broom, Paper Towels, Glass Cleaner
- g. Pouch with Maps
- h. Safety Manual
- i. Pre-Trip Inspection Forms
- j. Car Manual
- k. Copy of MTM Driver Guidelines
- l. Blanket
- m. Water



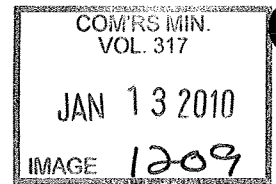
Note: It is recommended that aerosol cans not be carried in the trunks of vehicles in hot weather.

**Draft ATTACHMENT Service Agreement and Guidelines
TO MEDICAL TRANSPORTATION SERVICES AGREEMENT**

Appendix D

Daily pre-trip inspection should include:

- a. Directional lights and flashers
- b. Headlights/clearance and running lights
- c. Brake lights and tail lights
- d. Windshield wipers/washers
- e. Interior lights
- f. Horn
- g. Fire extinguisher
- h. First Aid Kit
- i. Fluid levels
- j. Tailpipe/muffler noise
- k. Fuel cap in place
- l. Mirrors
- m. Two-way Communication
- n. Tire condition
- o. Heat and/or air conditioning units operable
- p. Parking brake
- q. Door/lift operations
- r. Seat belts
- s. Door handles
- t. Speedometer and odometer
- u. General cleanliness, inside and outside

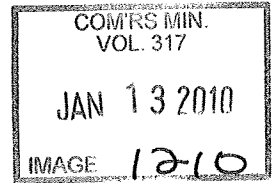


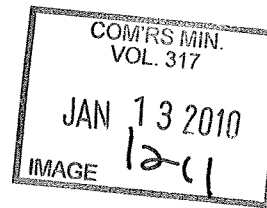
**Draft ATTACHMENT Service Agreement and Guidelines
TO MEDICAL TRANSPORTATION SERVICES AGREEMENT**

Appendix E

Daily Trip/Log Sheet Information:

- a. Transportation Provider's Name
- b. Driver's Name Printed
- c. Driver's Signature
- d. Passenger's Signature (for each leg of trip)
- e. Passenger's Name Printed
- f. Date
- g. Pick-up Address
- h. Exact Pick-up Time
- i. Drop-off Address
- j. Exact time of Drop-off
- k. Number of Additional Passengers
- l. Ages of Additional Passengers
- m. Place to Document No-Shows
- n. Attendants Name and Signature (if applicable)
- o. Ambulatory ___ Wheelchair ___ or Stretcher ___





HCJFS CONTRACT BUDGET

AGENCY: Medical Transportation Management, Inc.

CONTRACT # _____

NAME OF CONTRACT PROGRAM: Non-Emergency Transportation Services

BUDGET PREPARED FOR PERIOD
2010 TO 2011

INDICATE NAME OF SERVICE IN APPROPRIATE COLUMN BELOW

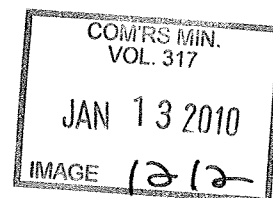
EXPENSES BY PROGRAM SERVICES	Children's Services PROGRAM	Traditional PROGRAM	Pregnancy Related PROGRAM	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
A. STAFF SALARIES	21,671	866,830	12,296	0	0	900,797
B. EMPLOYEE PAYROLL TAXES & BENEFITS	4,990	199,588	2,831	0	0	207,408
C. PROFESSIONAL & CONTRACTED SERVICES	4,158	166,324	2,359	0	0	172,842
D. CONSUMABLE SUPPLIES	738	29,527	419	0	0	30,684
E. OCCUPANCY	2,782	111,261	1,578	0	0	115,620
F. TRAVEL	318,248	12,729,916	180,553	0	0	13,228,717
G. INSURANCE	1,800	72,000	1,021	0	0	74,821
H. EQUIPMENT	1,120	44,795	635	0	0	46,550
I. MISCELLANEOUS	0	0	0	1,297,119	0	1,297,119
J. PROFIT MARGIN	0	0	0	916,283	0	916,283
SUB-TOTAL OF EACH COLUMN	355,506	14,220,241	201,692	2,213,402	0	16,990,841
ALLOCATION OF MGT/INDIRECT COSTS	53,249	2,129,944	30,210	-2,213,402	0	0
TOTAL PROGRAM EXPENSES	408,755	16,350,184	231,902	0	0	16,990,841

ESTIMATED TOTAL UNITS OF SERVICE
TO BE PROVIDED:

12,000 480,000 6,808 UNIT = 498,808

TOTAL PROGRAM COST/TOTAL UNITS
OF SERVICE = UNIT COST:

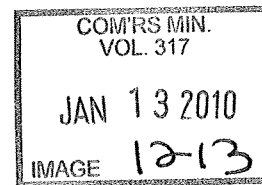
\$34.06 \$34.06 \$34.06 \$34.06



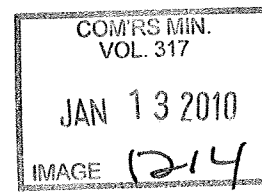
A. STAFF SALARIES - Attach Extra Pages for Staff, if needed.

POSITION TITLE	# STAFF	HRS WK	Annual Cost	Children's Services PROGRAM	Traditional PROGRAM	Pregnancy Related PROGRAM	MGMT INDIRECT	OTHER DIRECT SERVICE	TOTAL EXPENSE
Program Director	1.00	40	78,000	3,753	150,118	2,129			156,000
Customer Service Rep.	1.00	40	22,880	1,101	44,035	625			45,761
Care Managers	2.00	40	59,904	2,882	115,291	1,635			119,808
Quality Service Coordinator	1.00	40	26,000	1,251	50,039	710			52,000
Claims Auditor	0.50	40	13,000	625	25,020	355			26,000
Network Representative	1.00	40	47,814	2,301	92,021	1,305			95,627
Data Analyst	2.50	40	72,800	3,503	140,110	1,988			145,601
Field Operations	5.00	40	130,000	6,255	250,196	3,549			260,000
									0
									0
									0
									0
									0
									0
TOTAL SALARIES	14.00		450,398	21,671	866,830	12,296	0	0	900,797

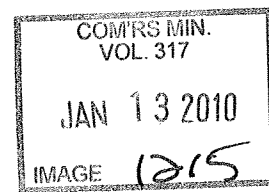
Note: Children's Services Monitor's wage shall be no more than Federal minimum wage.



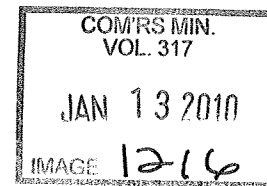
EXPENSES BY PROGRAM SERVICES	Children's Services PROGRAM	Traditional PROGRAM	Pregnancy Related PROGRAM	MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
B. PAYROLL TAXES						
FICA %	1,652	66,096	937			68,686
WORKER'S COMP. %	108	4,334	61			4,504
UNEMPLOYMENT %	325	13,002	184			13,512
BENEFITS						
RETIREMENT	217	8,668	123			9,008
HOSPITAL CARE	2,470	98,819	1,402			102,691
OTHER - Life, Long Term Disability	217	8,668	123			9,008
						0
TOTAL EMPLOYEE PAYROLL TAXES & BENEFITS	4,990	199,588	2,831	0	0	207,408
C. PROFESSIONAL FEES & CONTRACTED SERVICES (Indicate type, function performed, and estimate of use (hours, days, etc.))				MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
Consultant - third party computer services and systems support	3,725	149,003	2,113			154,842
Consultant - programming application support	433	17,321	246			18,000
						0
						0
TOTAL PROFESSIONAL FEES & CONTRACTED SERVICES	4,158	166,324	2,359	0	0	172,842



EXPENSES BY PROGRAM SERVICES	Children's Services PROGRAM	Traditional PROGRAM	Pregnancy Related PROGRAM	MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
D.CONSUMABLE SUPPLIES						
OFFICE	438	17,510	248			18,196
CLEANING						0
PROGRAM						0
OTHER - Employee education, training, dues	300	12,017	170			12,488
						0
						0
TOTAL CONSUMABLE SUPPLIES	738	29,527	419	0	0	30,684
E.OCCUPANCY COSTS						
RENTAL @ PER SQ. FT.						0
USAGE ALLOWANCE OF BLDG. OWNED @2% OF ORIG. ACQUISITION COST						0
MAINTENANCE & REPAIRS						0
UTILITIES (MAY BE INCLUDED IN RENT)						0
HEAT & ELECTRICITY WATER						0
TELEPHONE	2,074	82,969	1,177			86,220
OTHER - Data network, Internet connection	707	28,291	401			29,400
						0
						0
TOTAL OCCUPANCY COSTS	2,782	111,261	1,578	0	0	115,620



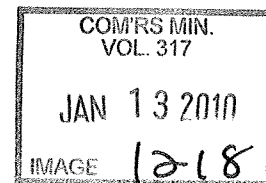
EXPENSES BY PROGRAM SERVICES	Children's Services PROGRAM	Traditional PROGRAM	Pregnancy Related PROGRAM	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
F. TRAVEL COSTS						
GASOLINE & OIL						0
VEHICLE REPAIR						0
VEHICLE LICENSE						0
VEHICLE INSURANCE						0
OTHER (PARKING)						0
MILEAGE REIMBURSE.@ PER MILE						0
CONFERENCES & MEETINGS, ETC.	296	11,836	168			12,300
PURCHASED TRANSPORTATION	317,952	12,718,080	180,385			13,216,417
TOTAL TRAVEL COSTS	318,248	12,729,916	180,553	0	0	13,228,717
G. INSURANCE COSTS						
LIABILITY- BUSINESS - AUTO	1,800	72,000	1,021			74,821
PROPERTY						0
ACCIDENT						0
OTHER						0
TOTAL INSURANCE COSTS	1,800	72,000	1,021	0	0	74,821



EXPENSES BY PROGRAM SERVICES	<i>Children's Services PROGRAM</i>	<i>Traditional PROGRAM</i>	<i>Pregnancy Related PROGRAM</i>	MGMT INDIRECT	OTHER DIRECT SERV	TOTAL EXPENSE
H.EQUIPMENT COSTS						
SMALL EQUIPMENT (items costing under \$5,000.00, which are to be purchased during budget period should be listed)						0
PC for new employees - \$3,325 per FTE	1,120	44,795	635			46,550
						0
						0
TOTAL SMALL EQUIPMENT COSTS	1,120	44,795	635	0	0	46,550
EQUIPMENT MAINTENANCE & REPAIR (DETAIL)						0
						0
						0
TOTAL EQUIPMENT & REPAIR	0	0	0	0	0	0
EQUIPMENT LEASE COSTS (DETAIL)						0
						0
						0
TOTAL LEASE COSTS	0	0	0	0	0	0
TOTAL COST DEPRECIATION OF LARGE EQUIPMENT ITEMS (detail on page 7)						0
TOTAL EQUIPMENT COSTS	1,120	44,795	635	0	0	46,550

Any individual equipment item costing \$5,000 or more at time of purchase may be included in the budget and must be depreciated. The exception to the "individual equipment item" is for computer components which are purchased as a group, i.e. hard drive, monitor, keyboard, printer, etc. If the total cost for all the components is \$5,000 or greater, the equipment must be depreciated. Any item which was full depreciated on the agency's books prior to the beginning date of the contract may not be used as a basis for determining costs of the program proposed for a contract, even though that item of equipment is used by the program. Any items of equipment used by the Management and Indirect activities of the Agency for which costs are included in this budget must also be itemized on this sheet. If needed, extra copies may be made and numbered 7A, 7B, & 7C.

ITEM(S) TO BE DEPRECIATED	NEW OR USED	DATE OF PURCHASE	TOTAL ACTUAL COST	SALVAGE VALUE	TOTAL TO DEPRECIATE	USEFUL LIFE	CHARGEABLE ANNUAL DEPRECIATION	*PERCENT USED BY CONTRACT PROGRAM	AMOUNT CHARGED TO CONTRACT PROGRAM	WHICH CONTRACTED PROGRAM
					0.00	0	0.00	100.00%	0.00	
					0.00	0	0.00		0.00	
					0.00	0	0.00		0.00	
					0.00	0	0.00		0.00	
					0.00	0	0.00		0.00	
Total			0.00		0.00		0.00		0.00	

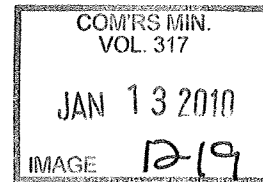


EXPENSES BY PROGRAM SERVICES	Children's Services PROGRAM	Traditional PROGRAM	Pregnancy Related PROGRAM	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
I. MISCELLANEOUS COSTS						
Corporate overhead allocation				1,297,119		1,297,119
						0
						0
						0
TOTAL MISCELLANEOUS COSTS	0	0	0	1,297,119	0	1,297,119
J. PROFIT MARGIN (For profit entities only)				916,283		916,283
TOTAL OF ALL EXPENSES	355,506	14,220,241	201,692	2,213,402	0	16,990,841

A rationale or basis for the proration of MGMT/INDIRECT Cost must be included which details how the amount charged to this program was determined. Some agencies allocate these types of costs on staff salaries, total personnel costs, total direct program costs, and/or time studies. HCDHS staff are available to discuss the most appropriate basis for the program for which the budget is being prepared, if agency staff are unfamiliar with this process.

EXPLANATION:

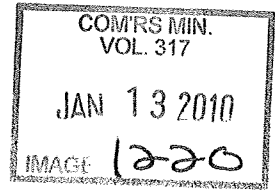
The corporate overhead allocation was based upon a specific internal allocation method based upon a combination of the revenue, expectant trip volume and the personnel cost (FTEs). The corporate overhead includes the cost of the MTM executive and management staff oversight and review of the program, as well as, IT, Human Resource, Finance, Internal Audit, Client Services, Marketing, Legal and Administrative support.



REVENUES BY PROGRAM SERVICES	Children's Services PROGRAM	Traditional PROGRAM	Pregnancy Related PROGRAM	MGMT INDIRECT	OTHER DIRECT SER	TOTAL REVENUES
A. GOVERNMENTAL AGENCY FUNDING (specify agency & type)						0
Hamilton County Department of Job and Family Services	408,755	16,350,184	231,902			16,990,841
						0
						0
						0
						0
						0
B. OTHER FUNDING						0
FEES FROM CLIENTS						0
CONTRIBUTIONS - (identify all contributions which exceed \$1000.00 by donor and amount)						0
						0
						0
						0
						0
AWARDS & GRANTS						0
						0
OTHER (specify)						0
						0
TOTAL REVENUE	408,755	16,350,184	231,902	0	0	16,990,841

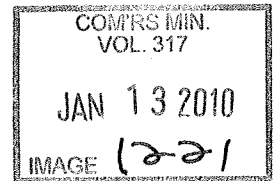
EXPLANATIONS OF ANY ITEMS ABOVE:

EXHIBIT IV



Invoice Details

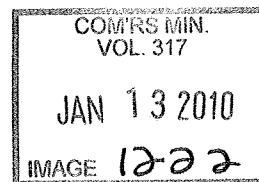
<u>Field</u>	<u>Datatype</u>	<u>Description</u>
TRIP_ID	Number (10)	Trip ID
TRIP_LEG_ID	Number (10)	Trip Leg ID
FINAL_TRIP_STATUS	Number (10)	3=no show 9=completed 2=canceled
COST	Currency (4,2)	9999.99 Vendors charge for the trip



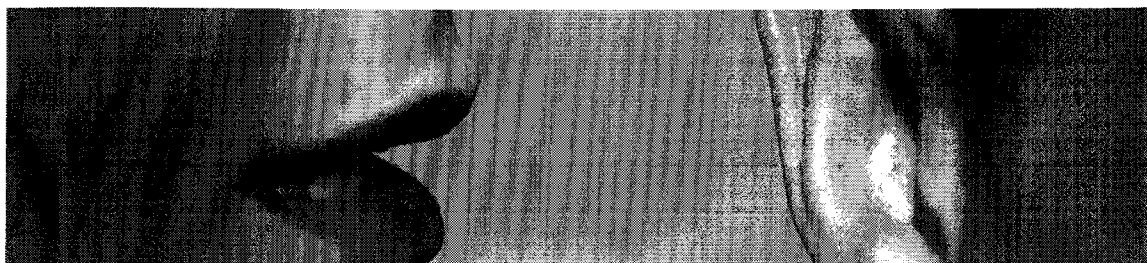
Form of Client Authorizations

Transportation Authorization Orders

<u>Field</u>	<u>Datatype</u>	<u>Description</u>
TRIP_CATEGORY	Varchar2 (15)	Derived from Purpose (PRS, PRS CS, MEDICAL, DAY TREATMENT, NET CS)
TRIP_PURPOSE	Varchar2 (61)	Purpose of Client's Trip
TRIP_DATE	Date (10)	MM/DD/YYYY Trip Date
LAST_NAME	Varchar2 (26)	Client's Last Name
FIRST_NAME	Varchar2 (26)	Client's First Name
APPT_TIME	Varchar2 (10)	HH:MM AM Time of Client's appointment
TRIP_ID	Number (11)	Trip ID
TRIP_LEG_ID	Number (11)	Trip Leg ID
TRIP_STATUS	Varchar2 (61)	Status of trip
SSN	Varchar2 (10)	Client's SSN
CLIENT_PHONE_NO.	Varchar2 (11)	Client's Phone Number
PICKUP_ADDRESS	Varchar2 (99)	Address where client is being picked up May be Client or Provider address
PICKUP_PROVIDER	Varchar2 (61)	Pickup Provider Name if Applicable
DROPOFF_ADDRESS	Varchar2 (99)	Address where client is being dropped off May be Provider or Client address
DROPOFF_PROVIDER	Varchar2 (61)	Drop Off Provider's Name if Applicable
RETURN_TIME	Varchar2 (9)	HH:MM AM Time the client returned from trip
MOBILITY_AIDE	Varchar2 (27)	Client's Mobility Aide
NO_RIDERS	Number (5)	Number of riders for trip
WORKER_NAME	Varchar2 (41)	HCJFS Workers first/last name
MONITOR	Varchar2 (7)	NEEDED, MALE or FEMALE (null = no monitor)
AUTH_LAST_NAME	Varchar2 (26)	authorized representative Last Name
AUTH_FIRST_NAME	Varchar2 (26)	authorized representative First Name
COMMENTS	Varchar2 (201)	Comments regarding trip.
LAST_UPDATE_DATE	date/time	MM/DD/YYYY HH:MM:SS PM

Exhibit A: Fields in MTM Detail Report

Trip Number
Appt Date
Appt Time
Return Time
Last Name
First Name
Middle Initial
Medicaid ID
Date Of Birth
Member Level Certification
Age
Member Phone
Crutches/Walker/Cane
Pregnant
W/C
Carseats
Attendant
Additional Passengers w/o Appt
Additional Passengers With Appt
Trip Reason
Trip Status
Trip Legs
Trip Type
Vehicle Type
Trip Miles
Total Trip Cost
Level Of Service
Trip Level Certification
PU Address
PU City
PU State
PU Zip
PU County
DO Address
DO City
DO State
DO Zip
DO County
Transportation Provider
Transportation Provider Code
Delivery Name
Medical Provider Code
Recurring Trip
DaysOfNotice
Call Date
Call Time
Created By
Plan Code



MTM Member Survey Report:

Hamilton County January to June 2010

Prepared for

**Medical Transportation
Management, Inc. (MTM)**

Lake St Louis, MO
USA

uSPEQ®

6951 East Southpoint Road

Tucson, Arizona 85756

USA

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Preface

This report provides statistical and graphical information about the MTM Member Satisfaction Survey of Hamilton County. The survey data came from the telephonic surveys conducted by a third party contracted by MTM. The survey covers a six-month period of trips taken by members in Hamilton County from January to June 2010. uSPEQ staff prepared this survey report based on the survey data.

This report begins with highlights from the survey, sorting the survey results from the most positive to the least positive (percent of “yes” responses). Section 2 summarizes the survey results over the six-month period. The next section presents the survey results by month. Finally, Section 4 compares the survey results for each item by month.

Twelve survey items were used in the surveys. All were “yes/no” items.

Custom reports may be produced at additional cost. If you are interested in having other types of reports tailored for the specific needs of your organization, please contact uSPEQ staff to discuss options, pricing, and availability.

For more information about the uSPEQ reporting service, please contact the uSPEQ Research and Reporting team at:

uSPEQ
6951 East Southpoint Road
Tucson, Arizona 85756
Voice: (888) 877-3788
Fax: (888) 789-7367
info@uspeq.org

Technical Notes

Survey instrument

The MTM Member Satisfaction Survey questionnaire consisted of 6 items. All were “yes/no” questions.

Survey methodology

This survey was conducted telephonically. The members (i.e., the passengers who used the transportation service) were contacted by a third-party call center contracted by MTM. According to the contractor, multiple attempts (up to six) were made to reach each member for the survey. Below is a breakdown by incomplete call status:

Call Status	Count
Refused to survey	343
No answer	24
Member complaint	2
Vendor no show	48
Member cancelled	48
Member unavailable	44
Answer machine - no msg left	424
Wrong phone number	564
Said already did survey	7

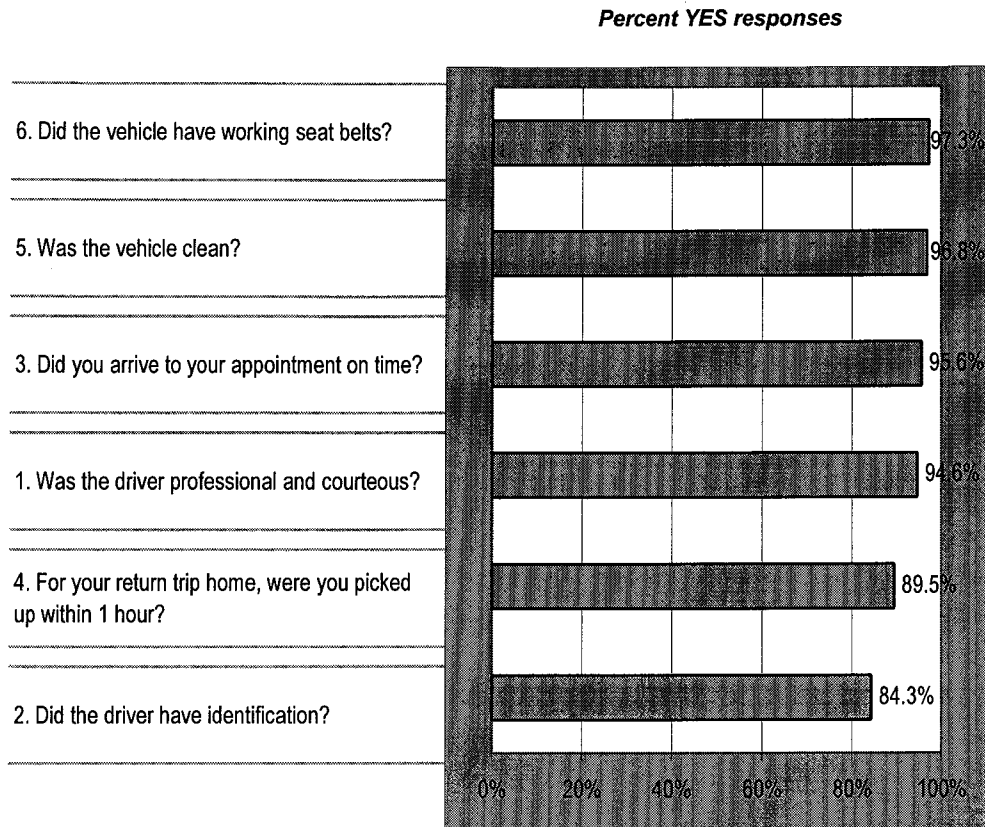
Scope of the survey

This is a retrospective survey conducted in July for trips completed during a six-month period from January to June 2010. Approximately 99,262 one-way trips managed by MTM in Hamilton County were completed during that time period. These trips were taken by 2,170 individuals, averaging 46 trips per member (as few as 1 trip per member up to a high of 267 trips per member). Since it was a retrospective survey, one survey call was made to an individual member no matter how many trips he or she took over the 6 months. The following table shows a breakdown of completed surveys by the month of the trips taken:

Month	Number of Trips	Number of Surveys
January	14,258	100
February	13,865	148
March	19,134	128
April	19,952	118
May	19,190	148
June	17,444	174
Totals:	103,843	816

1. Survey Results Highlights

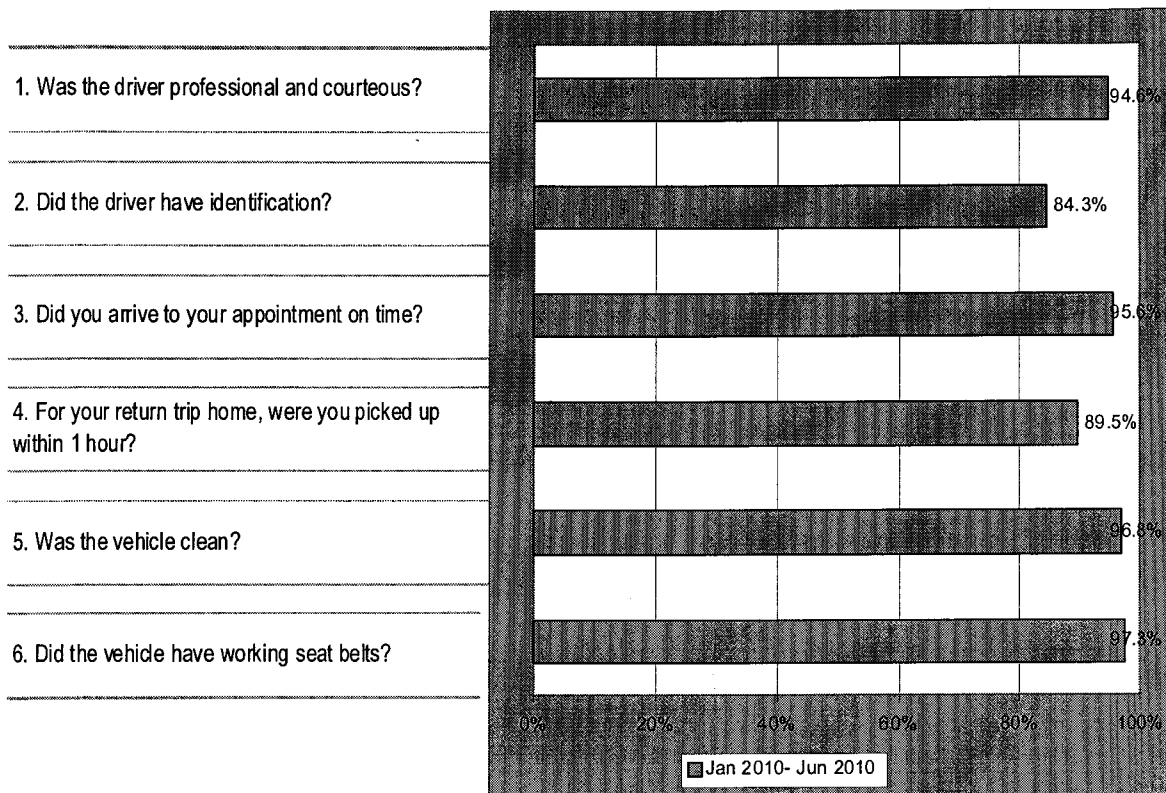
This section presents the highlights from the survey results. The percent of “yes” responses are sorted from high to low for the survey data collected over the six-month period.



2. Survey Results over Six Months

This section displays the frequency distributions of survey responses collected over the six-month period from January to June 2010. The bar graph shows the percent of "yes" responses. The table below provides the number of responses and percent by response type.

Percent YES responses



Response by rating category

	Number of Respondents	No %	Yes %
1. Was the driver professional and courteous?	816	5.4%	94.6%
2. Did the driver have identification?	816	15.7%	84.3%
3. Did you arrive to your appointment on time?	816	4.4%	95.6%
4. For your return trip home, were you picked up within 1 hour?	816	10.5%	89.5%
5. Was the vehicle clean?	816	3.2%	96.8%
6. Did the vehicle have working seat belts?	816	2.7%	97.3%

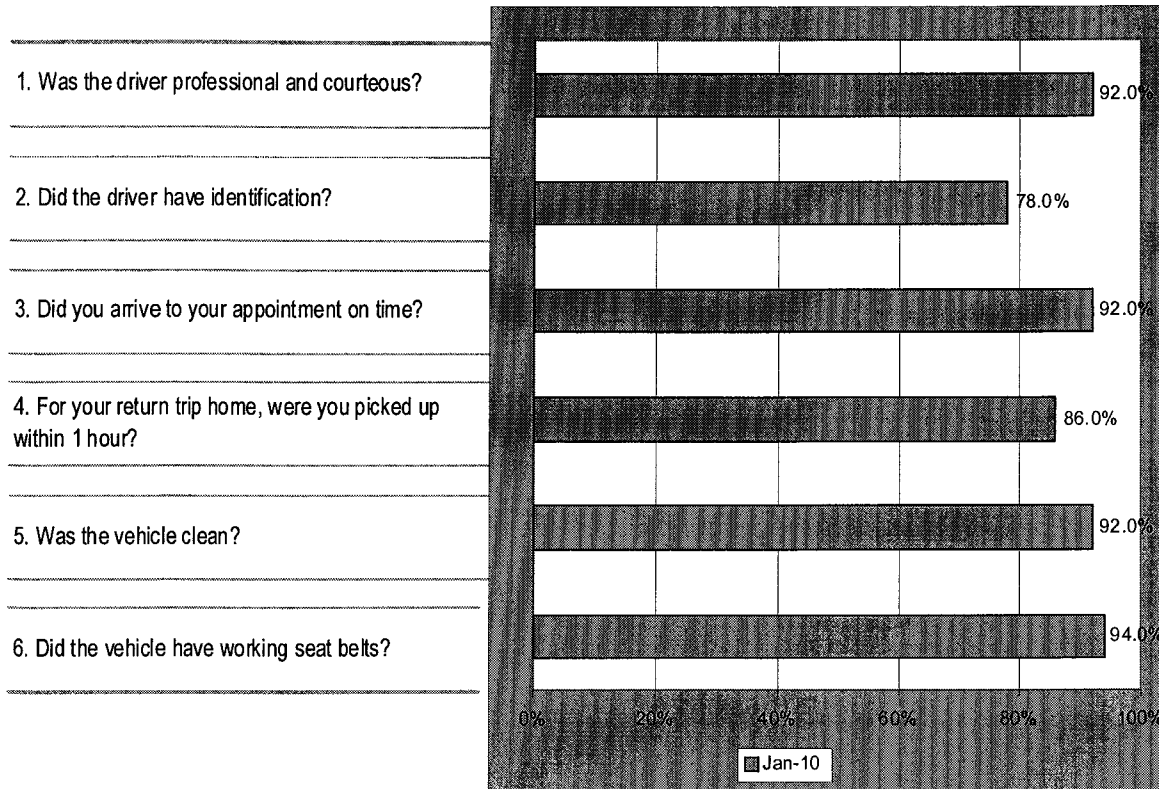
** Blank cells represent no response.*

3. Survey Results by Month

This section presents frequency distributions of survey responses by month, from January to June 2010.

3.1. January results

Percent YES responses

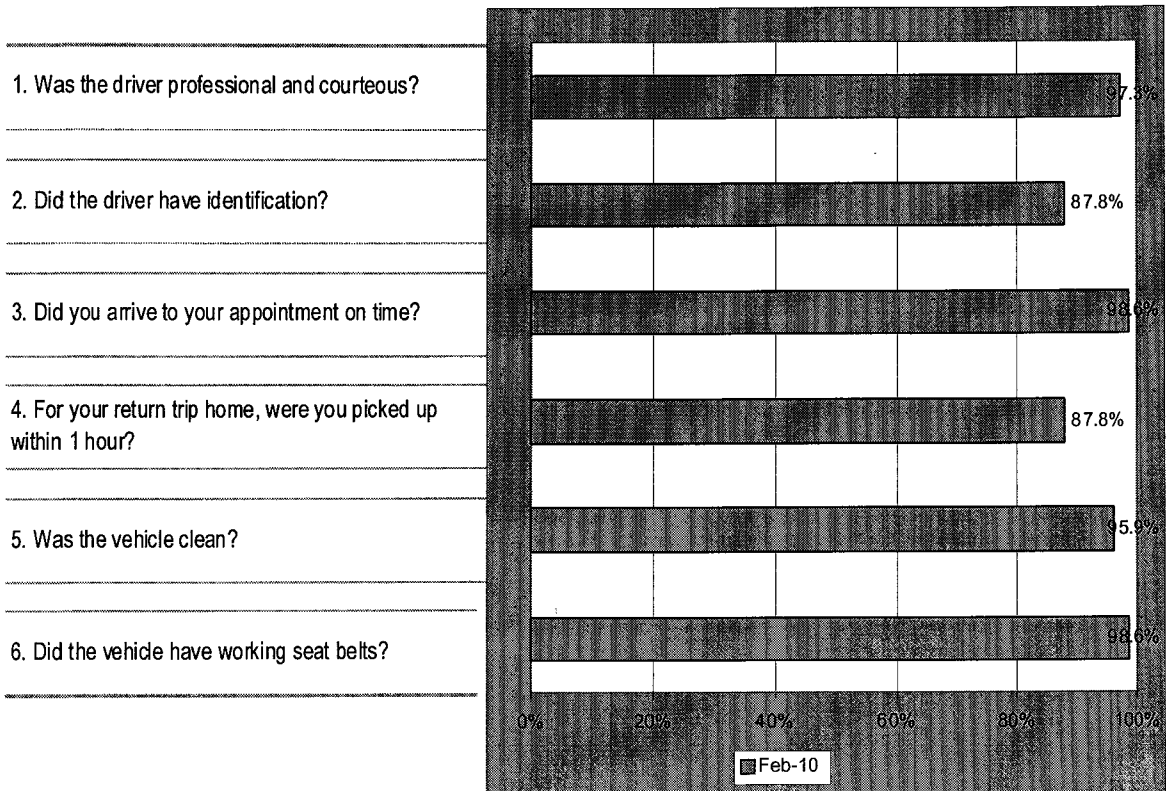


Response by rating category

	Number of Respondents	No %	Yes %
1. Was the driver professional and courteous?	100	8.0%	92.0%
2. Did the driver have identification?	100	22.0%	78.0%
3. Did you arrive to your appointment on time?	100	8.0%	92.0%
4. For your return trip home, were you picked up within 1 hour?	100	14.0%	86.0%
5. Was the vehicle clean?	100	8.0%	92.0%
6. Did the vehicle have working seat belts?	100	6.0%	94.0%

3.2. February results

Percent YES responses

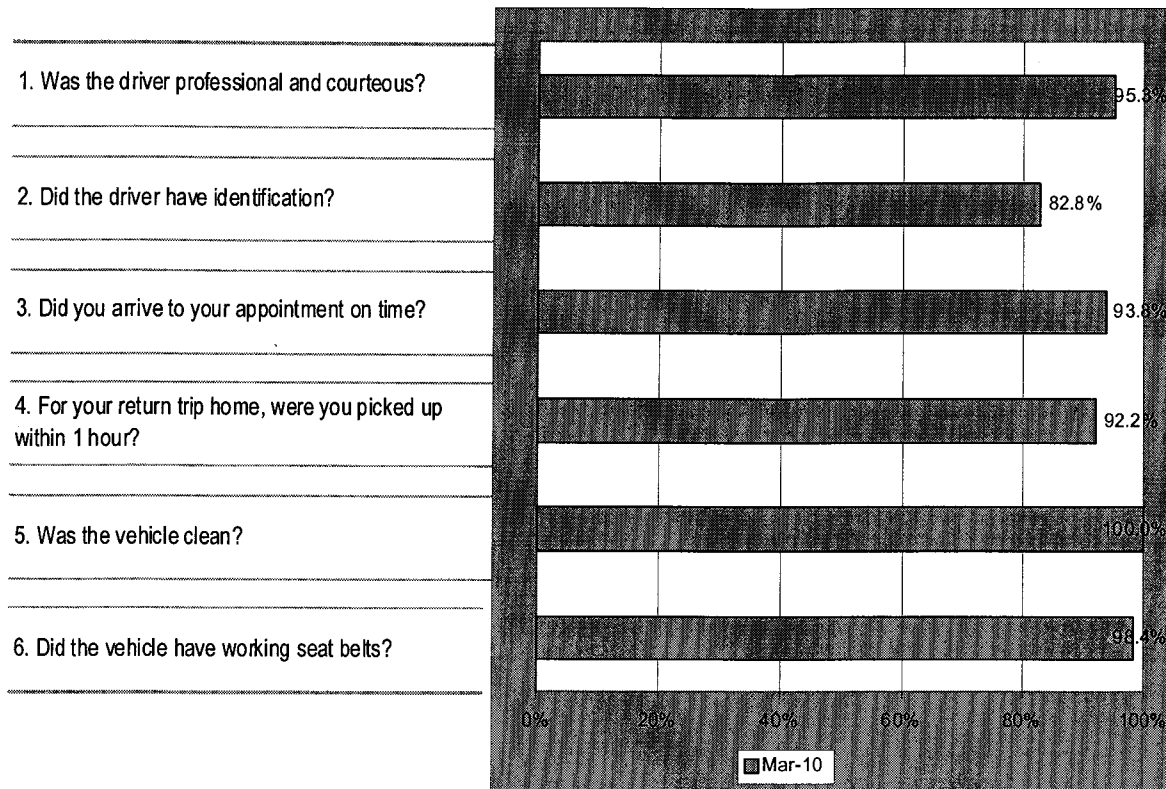


Response by rating category

	Number of Respondents	No %	Yes %
1. Was the driver professional and courteous?	148	2.7%	97.3%
2. Did the driver have identification?	148	12.2%	87.8%
3. Did you arrive to your appointment on time?	148	1.4%	98.6%
4. For your return trip home, were you picked up within 1 hour?	148	12.2%	87.8%
5. Was the vehicle clean?	148	4.1%	95.9%
6. Did the vehicle have working seat belts?	148	1.4%	98.6%

3.3. March results

Percent YES responses



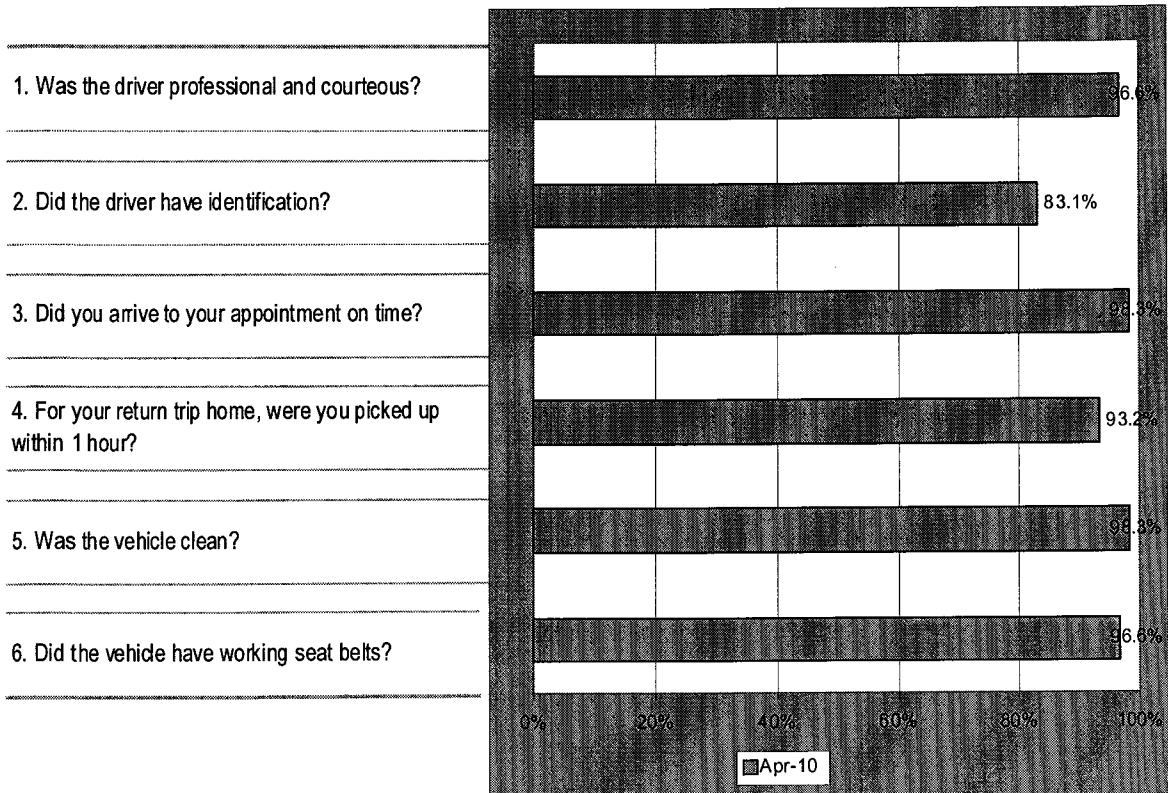
Response by rating category

	Number of Respondents	No %	Yes %
1. Was the driver professional and courteous?	128	4.7%	95.3%
2. Did the driver have identification?	128	17.2%	82.8%
3. Did you arrive to your appointment on time?	128	6.3%	93.8%
4. For your return trip home, were you picked up within 1 hour?	128	7.8%	92.2%
5. Was the vehicle clean?	128		100.0%
6. Did the vehicle have working seat belts?	128	1.6%	98.4%

*Blank cells represent no response.

3.4. April results

Percent YES responses

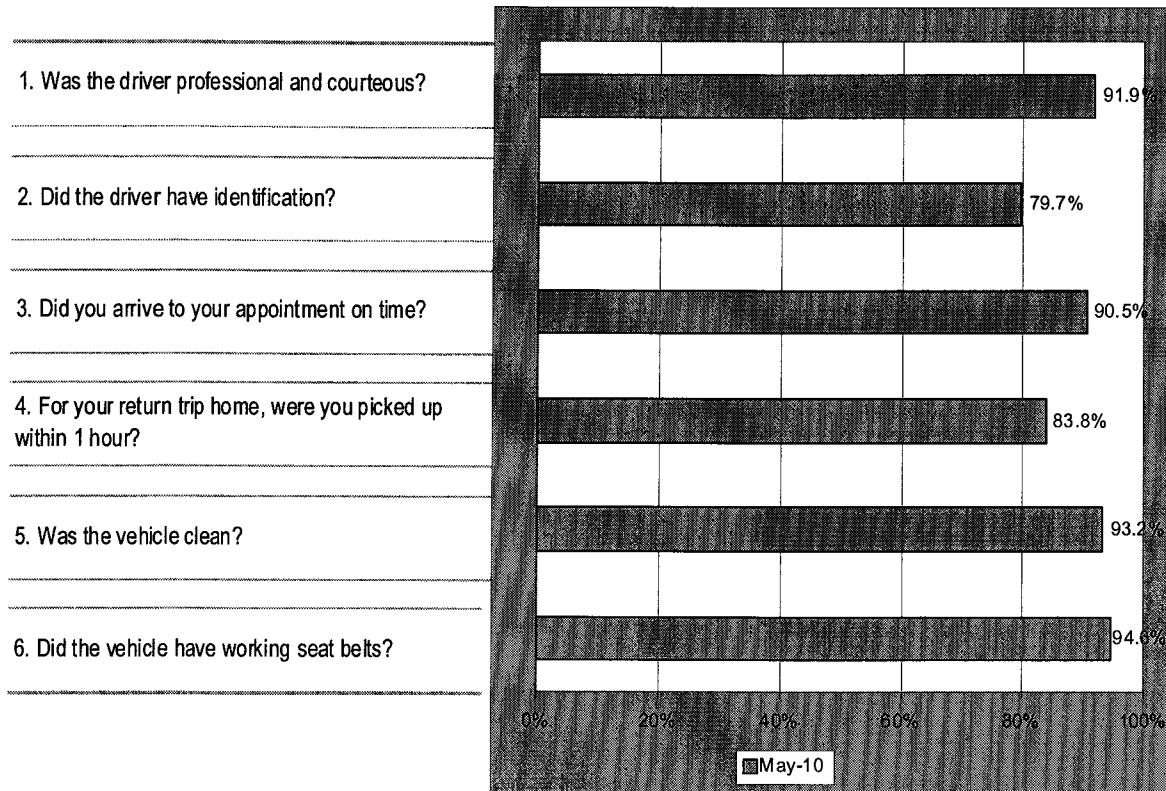


Response by rating category

	Number of Respondents	No %	Yes %
1. Was the driver professional and courteous?	118	3.4%	96.6%
2. Did the driver have identification?	118	16.9%	83.1%
3. Did you arrive to your appointment on time?	118	1.7%	98.3%
4. For your return trip home, were you picked up within 1 hour?	118	6.8%	93.2%
5. Was the vehicle clean?	118	1.7%	98.3%
6. Did the vehicle have working seat belts?	118	3.4%	96.6%

3.5. May results

Percent YES responses

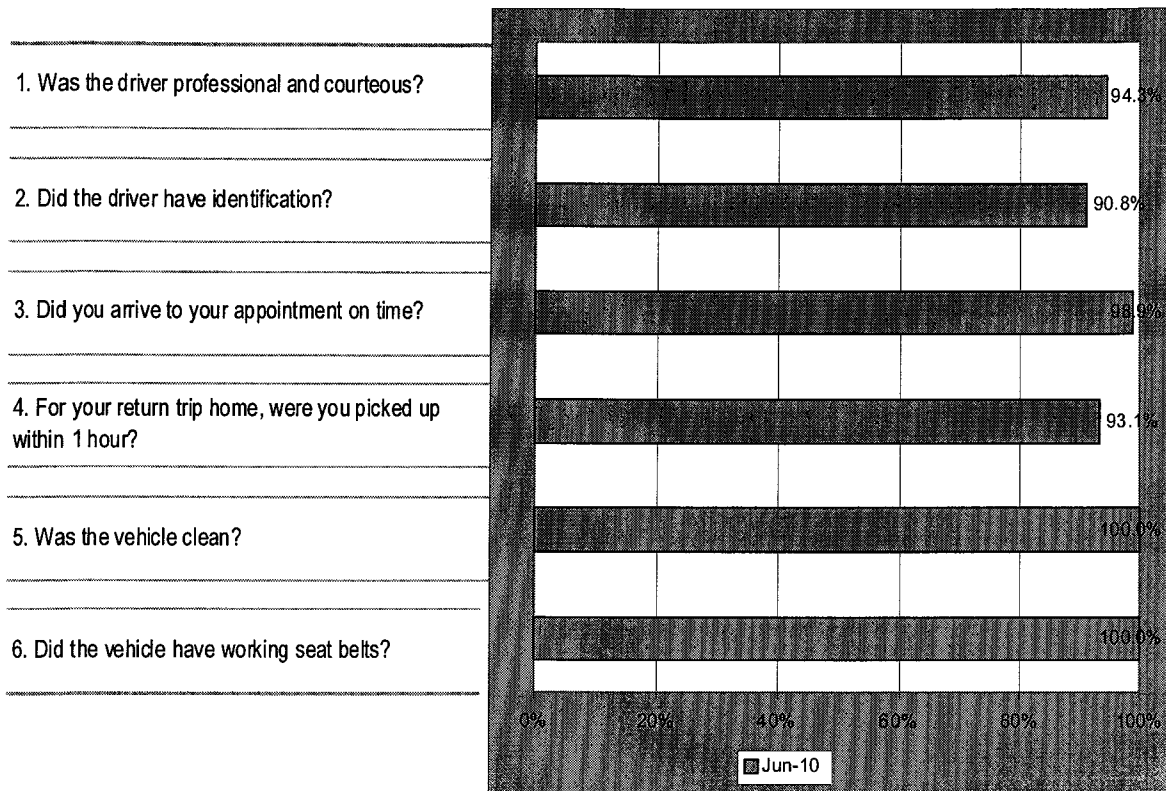


Response by rating category

	Number of Respondents	No %	Yes %
1. Was the driver professional and courteous?	148	8.1%	91.9%
2. Did the driver have identification?	148	20.3%	79.7%
3. Did you arrive to your appointment on time?	148	9.5%	90.5%
4. For your return trip home, were you picked up within 1 hour?	148	16.2%	83.8%
5. Was the vehicle clean?	148	6.8%	93.2%
6. Did the vehicle have working seat belts?	148	5.4%	94.6%

3.6. June results

Percent YES responses



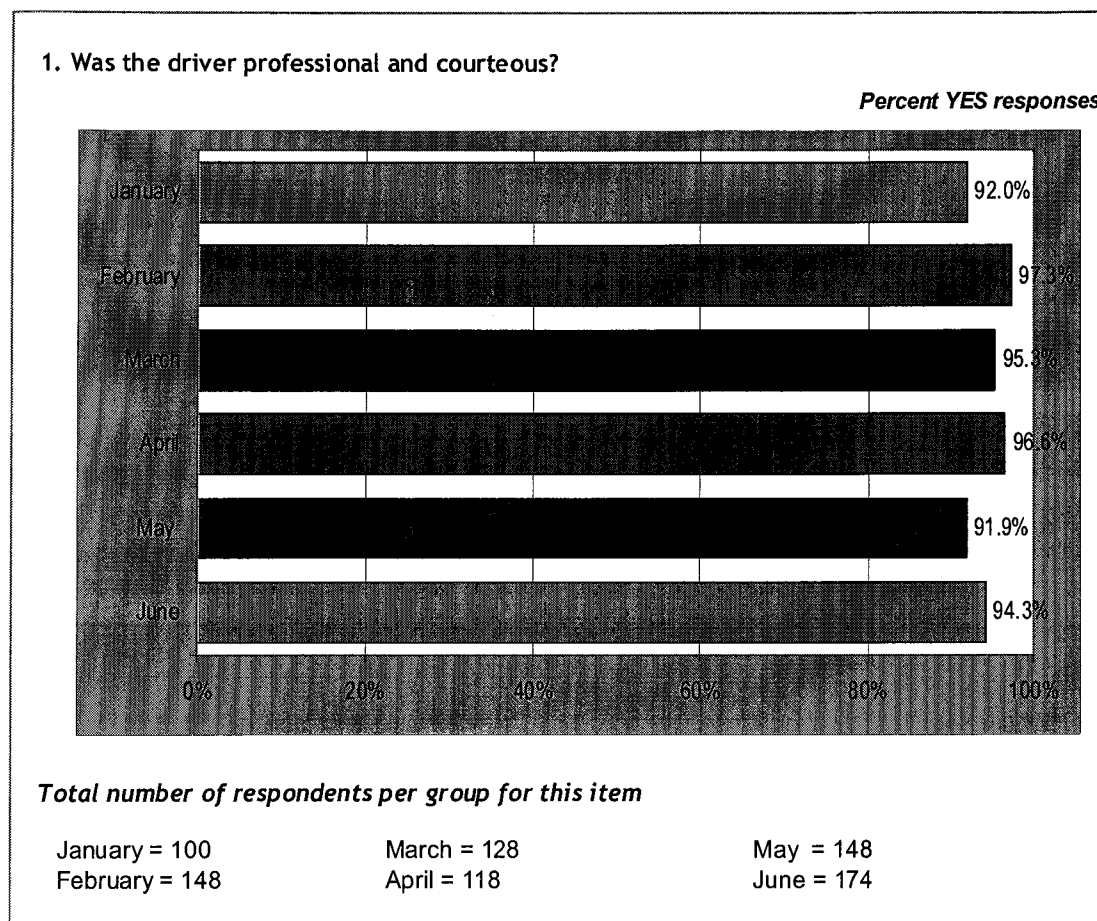
Response by rating category

	Number of Respondents	No %	Yes %
1. Was the driver professional and courteous?	174	5.7%	94.3%
2. Did the driver have identification?	174	9.2%	90.8%
3. Did you arrive to your appointment on time?	174	1.1%	98.9%
4. For your return trip home, were you picked up within 1 hour?	174	6.9%	93.1%
5. Was the vehicle clean?	174		100.0%
6. Did the vehicle have working seat belts?	174		100.0%

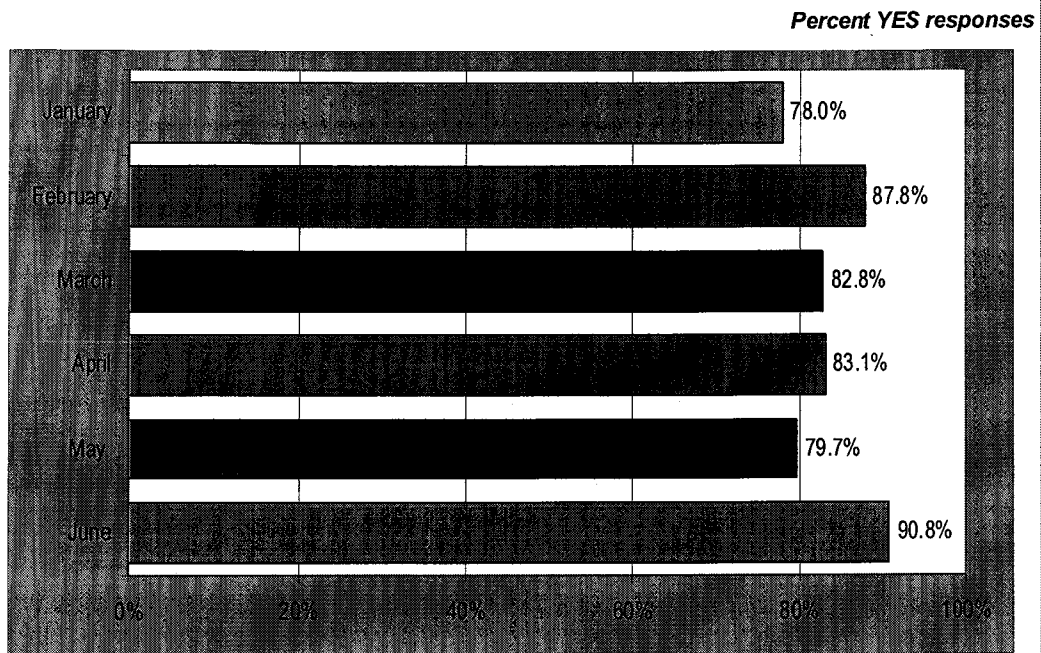
*Blank cells represent no response.

4. Survey Item Comparison by Month

This section provides a comparison of survey responses by month for each survey item.



2. Did the driver have identification?



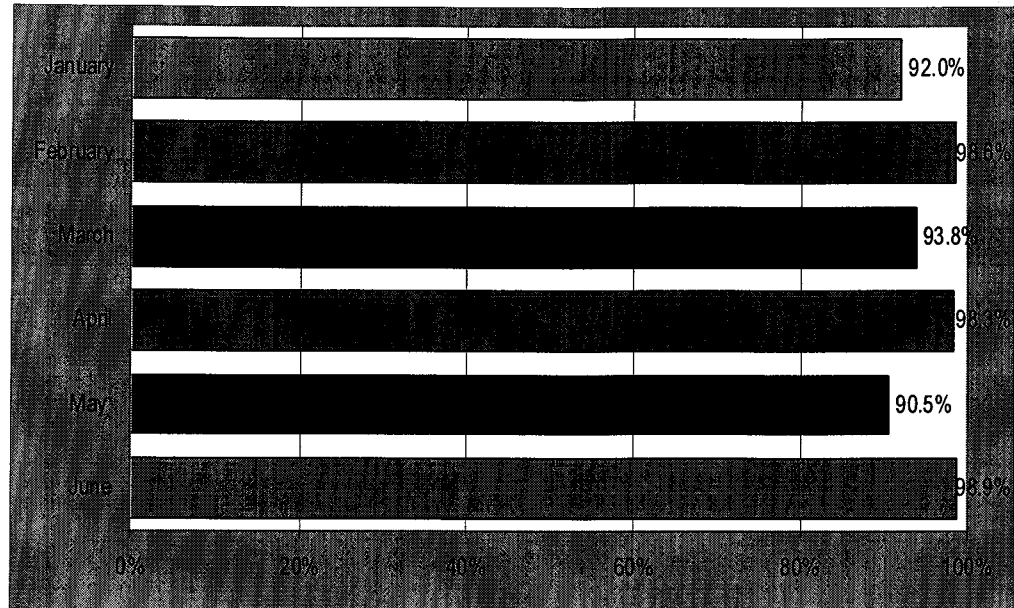
Total number of respondents per group for this item

January = 100
February = 148

March = 128
April = 118

May = 148
June = 174

3. Did you arrive to your appointment on time?

Percent YES responses*Total number of respondents per group for this item*

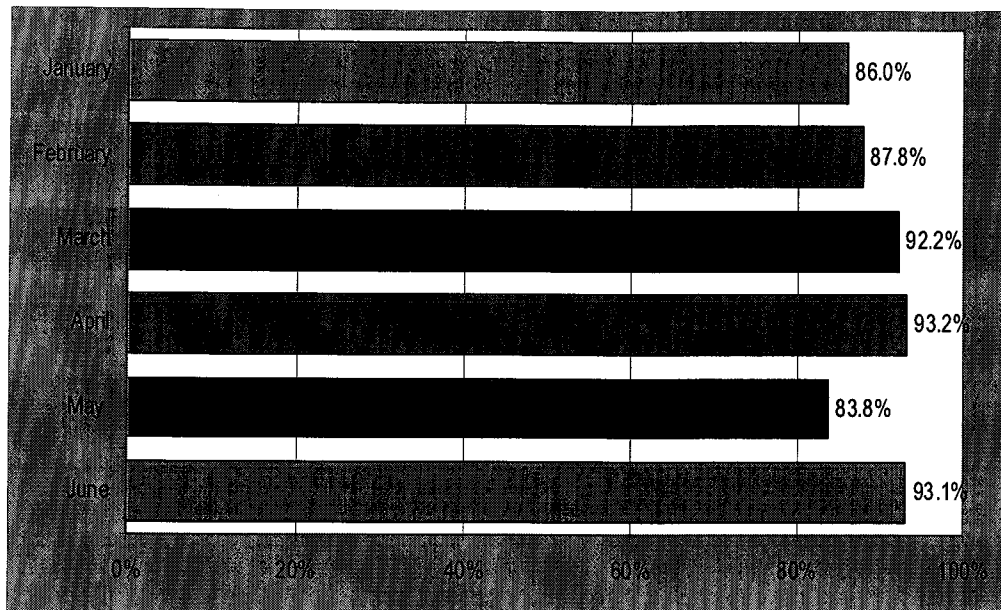
January = 100
February = 148

March = 128
April = 118

May = 148
June = 174

4. For your return trip home, were you picked up within 1 hour?

Percent YES responses



Total number of respondents per group for this item

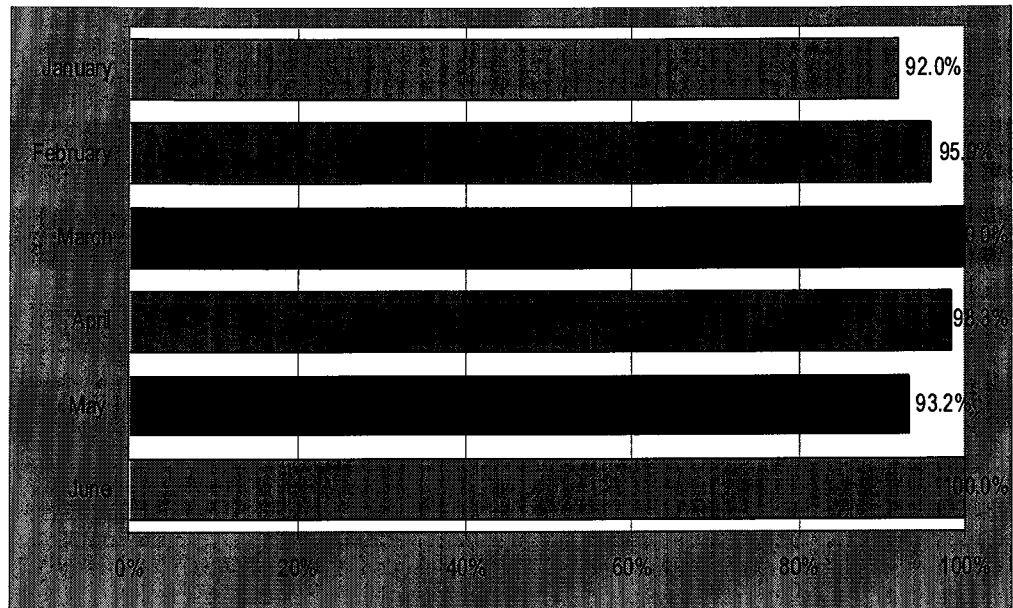
January = 100
February = 148

March = 128
April = 118

May = 148
June = 174

5. Was the vehicle clean?

Percent YES responses

*Total number of respondents per group for this item*

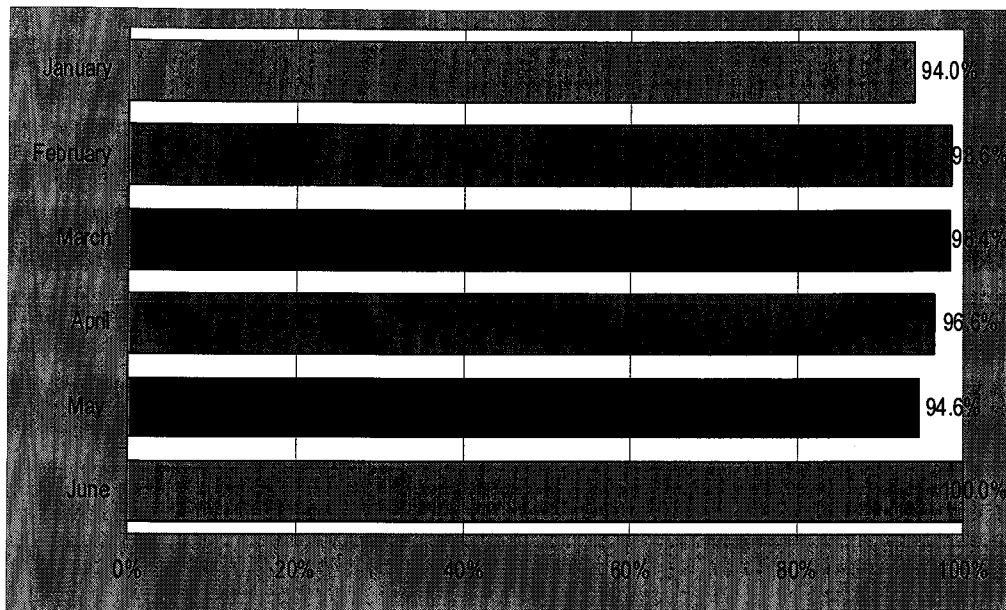
January = 100
February = 148

March = 128
April = 118

May = 148
June = 174

6. Did the vehicle have working seat belts?

Percent YES responses



Total number of respondents per group for this item

January = 100
February = 148

March = 128
April = 118

May = 148
June = 174



Medical Transportation
Management, Inc.

Billing Dept. 000.001.0000 Ext 0000

Bill To:

Hamilton County Jobs & Family
JFS
222 E Central Parkway
Cincinnati, OH 45202

Invoice Number: 0010447-IN

Invoice Date: 7/25/2011

Customer Number: HCO

Terms: Due on receipt

Description	Quantity	Price	Amount
May 2011			
Pregnancy Related Services	591.000	34.060	20,129.46

PO 543209
OK pay to pay
Catalina
8-2-11

AUG 3 2011

Invoice Total: 20,129.46



MTM

Medical Transportation
Management, Inc.

16 Hawk Ridge Drive
Lake St. Louis MO 63367
Billing Dept: 636.561.5686 ext 5586

IN 00019

Bill To:

Hamilton County Jobs & Family
JFS
222-E-Central-Parkway
Cincinnati, OH 45202

Invoice Number: 0010494-IN

Invoice Date: 8/17/2011

Customer Number: HCO

Terms: Due on receipt

Description	Quantity	Price	Amount
June 2011			
Pregnancy Related Services	556.000	34.060	18,937.36

AUG 23 2011

PO 543209
OK'd to pay
Carol [Signature]
8-22-11

Invoice Total: 18,937.36



Medical Transportation
Management, Inc.

Billing Dept: 800.301.3000 ext 3000

Bill To:

Hamilton County Jobs & Family
JFS
222 E Central Parkway
Cincinnati, OH 45202

Invoice Number: 0010595-IN

Invoice Date: 9/16/2011

Customer Number: HCO

Terms: Due on receipt

Description	Quantity	Price	Amount
July 2011			
Pregnancy Related Services	381.000	34.060	12,976.86

SEP 20 2011

PO 343209
okay to pay
Carol Gray
9-20-11

Invoice Total: 12,976.86



Medical Transportation
Management, Inc.

Bill To:

Hamilton County Jobs & Family
JFS
222-E Central Parkway
Cincinnati, OH 45202

Invoice Number: 0010697-IN

Invoice Date: 10/10/2011

Customer Number: HCO

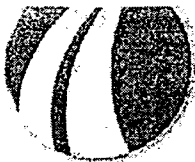
Terms: Due on receipt

Description	Quantity	Price	Amount
August 2011			
Pregnancy Related Services	515.000	34.060	17,540.90

PO 543209
Okay to pay
Carol Lawler
10-17-11

OCT 10 2011

Invoice Total: 17,540.90

**MTM**Medical Transportation
Management, Inc.20 North Maple Drive
Lake St. Louis MO 63367
Billing Dept: 636.561.5686 ext 5588**Bill To:**Hamilton County Jobs & Family
JFS
222 E Central Parkway
Cincinnati, OH 45202**Invoice Number:** 0010696-IN**Invoice Date:** 10/10/2011**Customer Number:** HCO**Terms:** Due on receipt

Description	Quantity	Price	Amount
August 2011	19,563.000	34.060	666,315.78
Medicaid [REDACTED]			

PO 543208
Okay to pay
Carol Crawford
10-17-11

665,804.88

OCT 19 2011

Invoice Total: ~~666,315.78~~



Medical Transportation
Management, Inc.

Lake St. Louis MO 63367
Billing Dept: 636.561.5686 ext 5588

Bill To:

Hamilton County Jobs & Family
JFS
222 E Central Parkway
Cincinnati, OH 45202

Invoice Number: 0010593-IN

Invoice Date: 9/15/2011

Customer Number: HCO

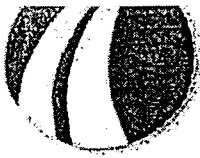
Terms: Due on receipt

Description	Quantity	Price	Amount
July 2011			
Medicaid	18,234.000	34.060	621,050.04

SEP 20 2011

PO 543208
OKay to pay
Carol Chang
9-20-11

Invoice Total: 621,050.04



MTM

Medical Transportation
Management, Inc.

Lake St. Louis MO 63367
Billing Dept: 636.561.5686 ext 5588

Bill To:

Hamilton County Jobs & Family
JFS
222-E-Central-Parkway
Cincinnati, OH 45202

Invoice Number: 0010493-IN

Invoice Date: 8/17/2011

Customer Number: HCO

Terms: Due on receipt

Description	Quantity	Price	Amount
June 2011	18,847.000	34.060	641,928.82
Medicaid			

70543208
OK'd to pay
Carol Ray
8-22-11

641,656.34

AUG 23 2011

Invoice Total: ~~641,928.82~~



Medical Transportation
Management, Inc.

Bill To:

Hamilton County Jobs & Family
JFS
222 E Central Parkway
Cincinnati, OH 45202

Invoice Number: 0010448-IN

Invoice Date: 7/26/2011

Customer Number: HCO

Terms: Due on receipt

Description	Quantity	Price	Amount
May 2011	21,114.000	34.060	719,142.84
Medicaid			

PO 543208
OKing to pay
Carol [Signature]
8-2-11

AUG 8 2011

718,870.36

Invoice Total: 719,142.84

Monthly eligible members											
DEC_2010	JAN_2011	FEB_2011	MAR_2011	APR_2011	MAY_2011	JUN_2011	JUL_2011	AUG_2011	SEPT2011	OCT_2011	NOV_2011
1639	1704	1682	1807	1807	1766	1817	1793	1851	1851	1851	1851

Monthly eligible members											
DEC_2009	JAN_2010	FEB_2010	MAR_2010	APR_2010	MAY_2010	JUN_2010	JUL_2010	AUG_2010	SEPT_2010	OCT_2010	NOV_2010
1239	1242	1210	1373	1373	1317	1399	1438	1521	1521	1521	1521

Description	January	February	March	April
Reconciliation Status	Final	Final	Final	Final
Medicaid Trips	17,750	19,026	22,085	20,789
Medicaid Payment	\$604,565.00	\$648,025.56	\$752,215.10	\$708,073.34
Children's Services Trips	0	30	20	8
Children's Services Payment	\$0.00	\$1,021.80	\$681.20	\$272.48
Pregnancy Related Services Trips	486	471	502	505
Pregnancy Related Services Payment	\$16,553.16	\$16,042.26	\$17,098.12	\$17,200.30
Completed Trips	18,236	19,527	22,607	21,302
Total Payment	\$621,118.16	\$665,089.62	\$769,994.42	\$725,546.12

Phone Statistic Description	January	February	March	April
Average Speed of Answer	72.2	59.8	61.6	62.6
Calls Abandoned	359	352	312	215
Calls Answered	2,833	2,813	2,756	2,534
Calls Offered	3,192	3,165	3,068	2,749

Complaints Description	January	February	March	April
DRIVER - APPEARANCE / ODOR	0	0	1	0
DRIVER - BEHAVIOR	2	11	1	1
DRIVER - SERVICE / DELIVERY	1	0	1	3
DRIVER - SPEED / SAFETY	0	0	2	0
INTERNAL COMPLAINT - STAFF / SERVICE	2	0	1	0
INTERNAL COMPLAINT - TRIP ACCURACY	0	0	1	0
PROVIDER - EARLY	0	0	1	0
PROVIDER - LATE	4	7	7	13
PROVIDER - NO SHOW	8	2	0	16
PROVIDER - SERVICE QUALITY	0	0	2	2
VEHICLE - APPEARANCE / ODOR	1	0	0	0
VEHICLE - SAFETY	2	1	1	1
Grand Total	20	21	18	36

County Jobs and Family Services 2011 Report

May Final	June Final	July Final	August Final	September Final	October Final
21,114	18,847	18,234	19,563	19,932	
\$719,142.84	\$641,928.82	\$621,050.04	\$666,315.78	\$678,883.92	\$0.00
0	2	2	4	0	
\$0.00	\$68.12	\$68.12	\$136.24	\$0.00	\$0.00
591	556	381	515	537	
\$20,129.46	\$18,937.36	\$12,976.86	\$17,540.90	\$18,290.22	\$0.00
21,705	19,405	18,617	20,082	20,469	0
\$739,272.30	\$660,934.30	\$634,095.02	\$683,992.92	\$697,174.14	\$0.00

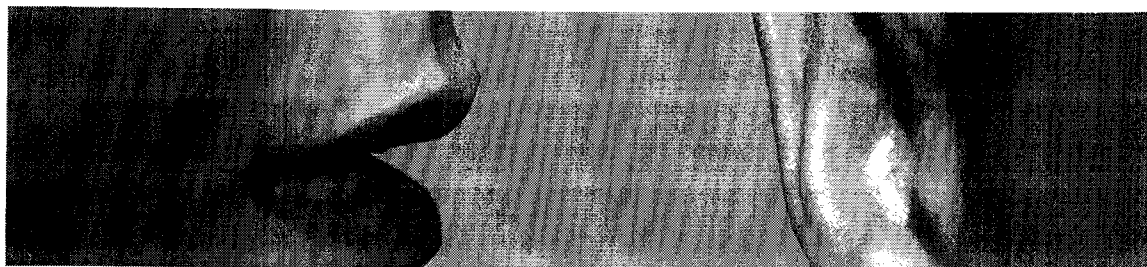
May	June	July	August	September	October
35.6	37.0	47.7	50.1	40.7	34.8
131	219	196	293	200	144
2,536	2,763	2621	3216	2,973	2,722
2,667	2,982	2,817	3509	3173	2,866

May	June	July	August	September	October
0	0	0	0	0	0
4	1	0	1	4	4
1	0	0	4	2	2
0	1	1	0	1	5
1	0	0	1	0	0
0	0	0	0	2	0
0	0	0	0	0	0
7	6	6	15	9	18
7	13	9	17	7	8
2	2	1	2	1	0
0	0	0	0	1	0
0	0	0	0	0	0
22	23	17	40	27	37

November	December	YTD
Preliminary	Preliminary	
		177,340
\$0.00	\$0.00	\$6,040,200.40
		66
\$0.00	\$0.00	\$2,247.96
		4,544
\$0.00	\$0.00	\$154,768.64
0	0	181,950
\$0.00	\$0.00	\$6,197,217.00

November	December	YTD
		50.3
0	0	2,421
		27,767
		30,188

November	December	YTD
		1
		29
		14
		10
		5
		3
		1
		92
		87
		12
		2
		5
0	0	261



MTM Member Survey Report:

**Hamilton County
July to September 2010**

Prepared for

**Medical Transportation
Management, Inc.(MTM)**

Lake St Louis, MO
USA

uSPEQ®

6951 East Southpoint Road

Tucson, Arizona 85756

USA

Voice 888.877.3788

Fax 888.789.7367

www.uspeq.org

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Preface

This report provides statistical and graphical information about the MTM Member Satisfaction Survey of Hamilton County. As an independent third party, uSPEQ conducted the telephonic surveys. The survey covers a 3-month period of trips taken by members in Hamilton County from July to September 2010. uSPEQ staff processed the survey data and prepared this survey report.

This report begins with highlights from the survey, sorting the survey results from the most positive to the least positive (percent YES response). Section 2 summarizes the survey results over the 3-month period. The next section presents the survey results by month. Finally, Section 4 compares the survey results for each item by month.

Nineteen survey items were used in the surveys. All were YES/NO items.

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For more information about the uSPEQ reporting service, please contact the uSPEQ Research and Reporting team at:

uSPEQ
6951 East Southpoint Road
Tucson, Arizona 85756
Voice: (888) 877-3788
Fax: (888) 789-7367
info@uspeq.org

Technical Notes

Survey instrument

The MTM Member Satisfaction Survey questionnaire consisted of 18 items. All were “yes/no” questions.

Survey methodology

This survey was conducted telephonically. The members (i.e., the passengers who used the transportation service) were contacted by uSPEQ, an independent third party. Multiple attempts (up to six) were made to reach each member for the survey. Below is a breakdown of results for calls attempted:

Call Status	Count
Refused to survey	107
No answer	4,891
Wrong phone number	171
Member unavailable	225
Completed calls	602
Totals:	5,996

Scope of the survey

This is a retrospective survey conducted from December 2010 to January 2011 for trips completed during a three-month period from July to September 2010. Approximately 48,905 one-way trips managed by MTM in Hamilton County were completed during that time period. These trips were taken by 1164 individuals, averaging 42 trips per member. Since it was a retrospective survey, a member was called for a survey several months after their trips had been completed. Usually only one survey call was made to an individual member no matter how many trips he or she took over the 3 months. The following table shows a breakdown of completed surveys by the month of the trips taken:

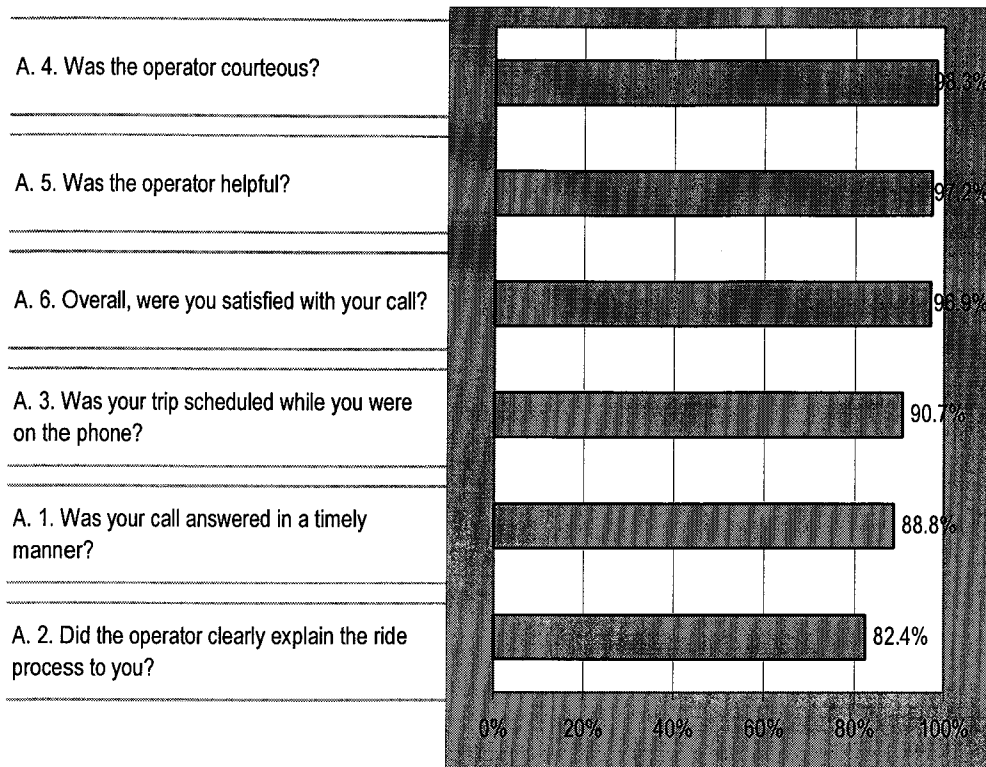
Month	Number of Trips
July	16,365
August	15,017
September	17,523
Totals:	48,905

1. Survey Results Highlights

This section presents the highlights from the survey results. The percent YES responses are sorted from high to low, for the survey data over the three month period by survey section.

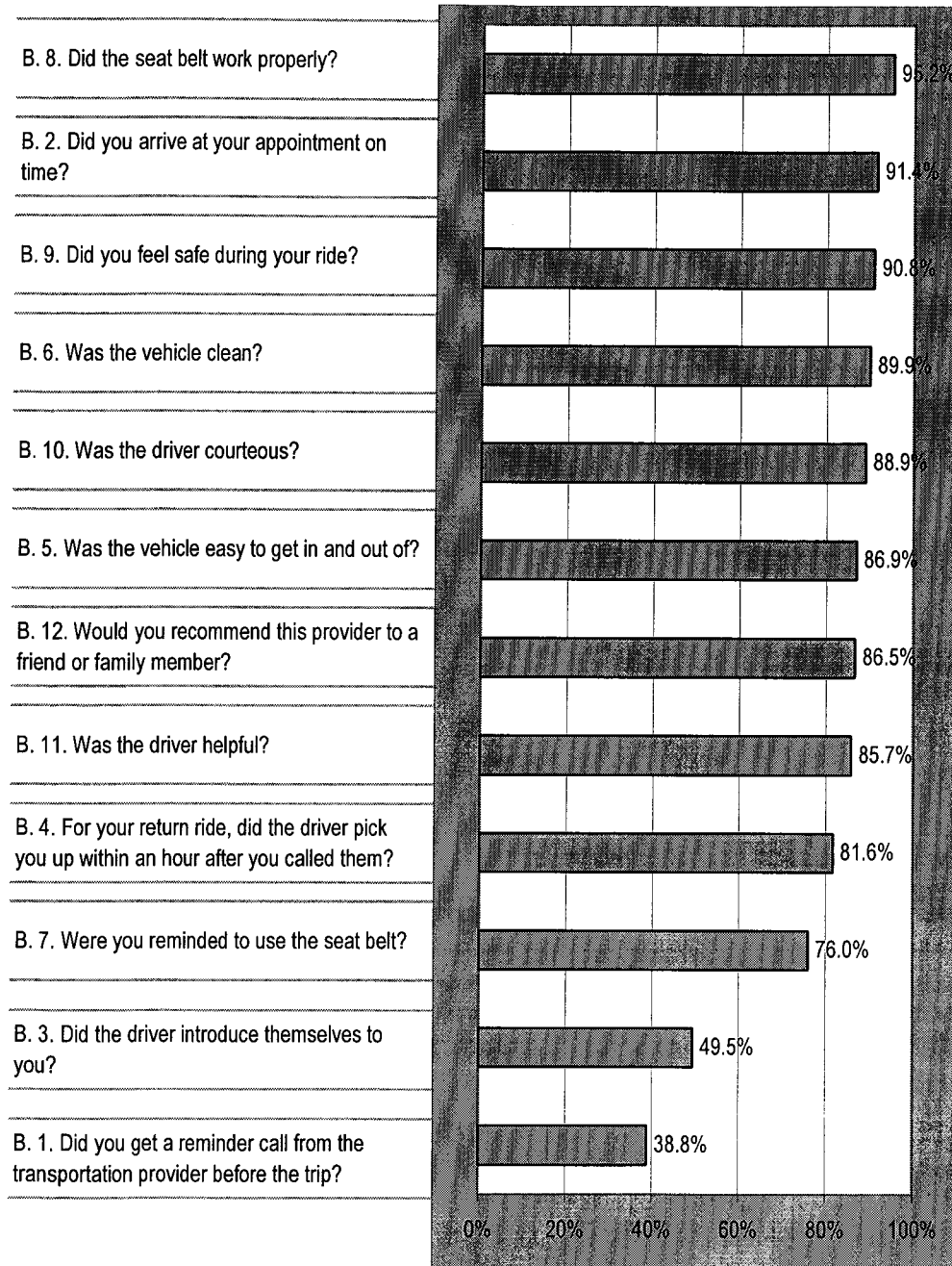
Call Center

Percent YES responses



Transportation Provider

Percent YES responses

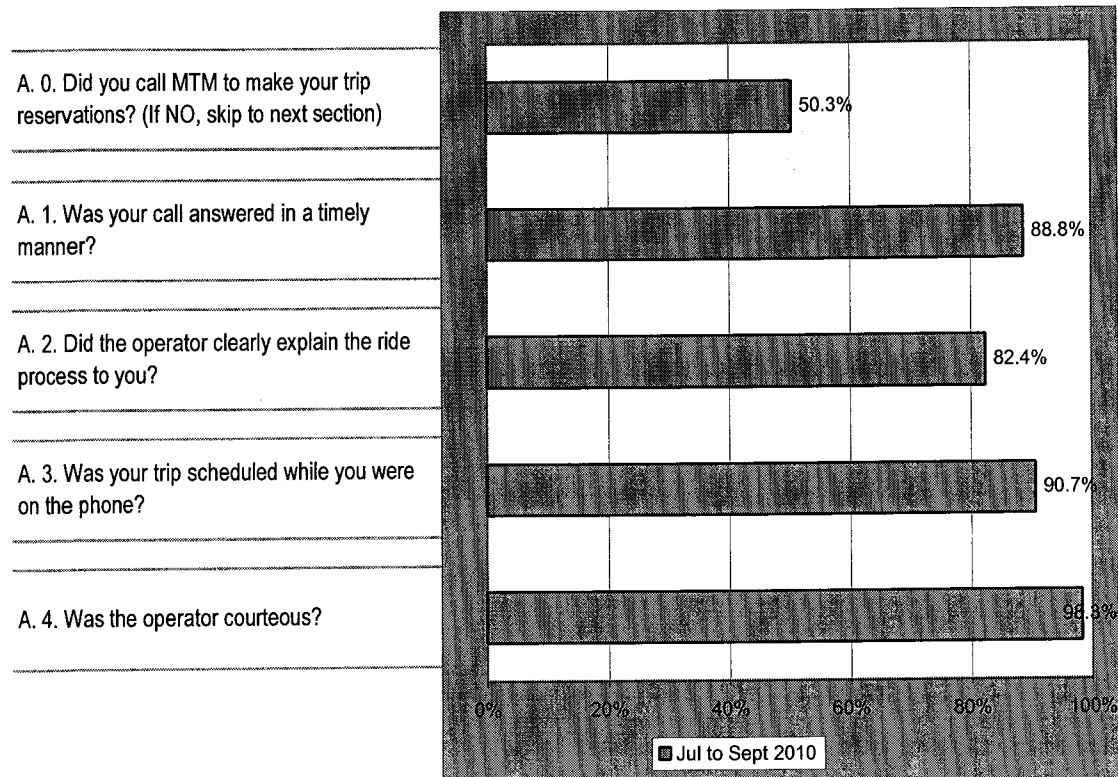


2. Survey Results over Three Months

This section displays the frequency distributions of survey responses collected over the three month period from July to September 2010. The bar graph shows the percent YES responses. The table below provides the number of responses and percent by response type.

Call Center

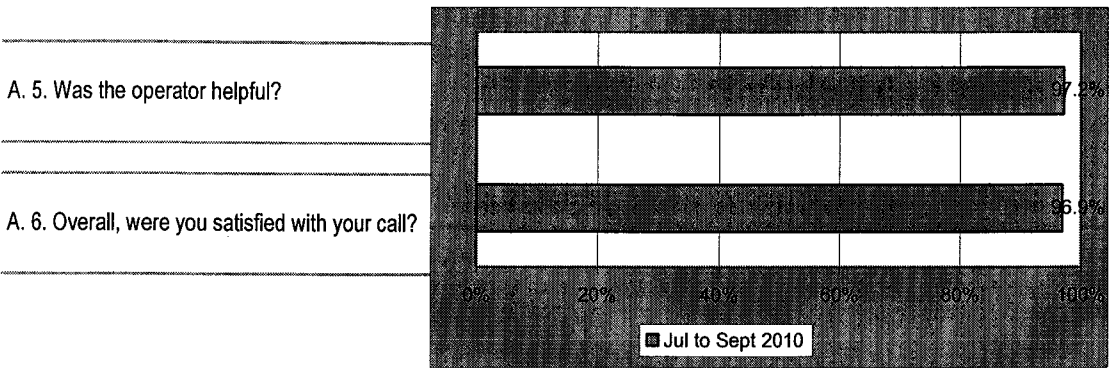
Percent YES responses



Response by rating category

	n	Yes %	No %
A. 0. Did you call MTM to make your trip reservations? (If NO, skip to next section)	588	50.3%	49.7%
A. 1. Was your call answered in a timely manner?	294	88.8%	11.2%
A. 2. Did the operator clearly explain the ride process to you?	290	82.4%	17.6%
A. 3. Was your trip scheduled while you were on the phone?	289	90.7%	9.3%
A. 4. Was the operator courteous?	292	98.3%	1.7%

Percent YES responses

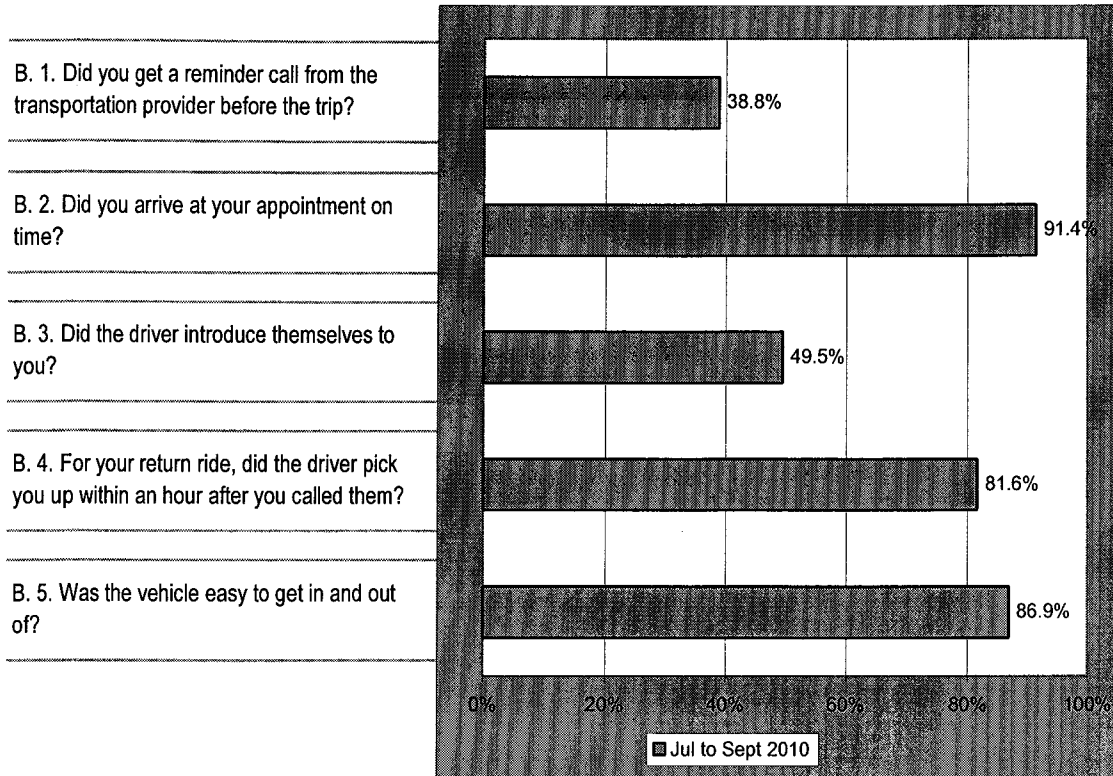


Response by rating category

	n	Yes %	No %
A. 5. Was the operator helpful?	288	97.2%	2.8%
A. 6. Overall, were you satisfied with your call?	289	96.9%	3.1%

Transportation Provider

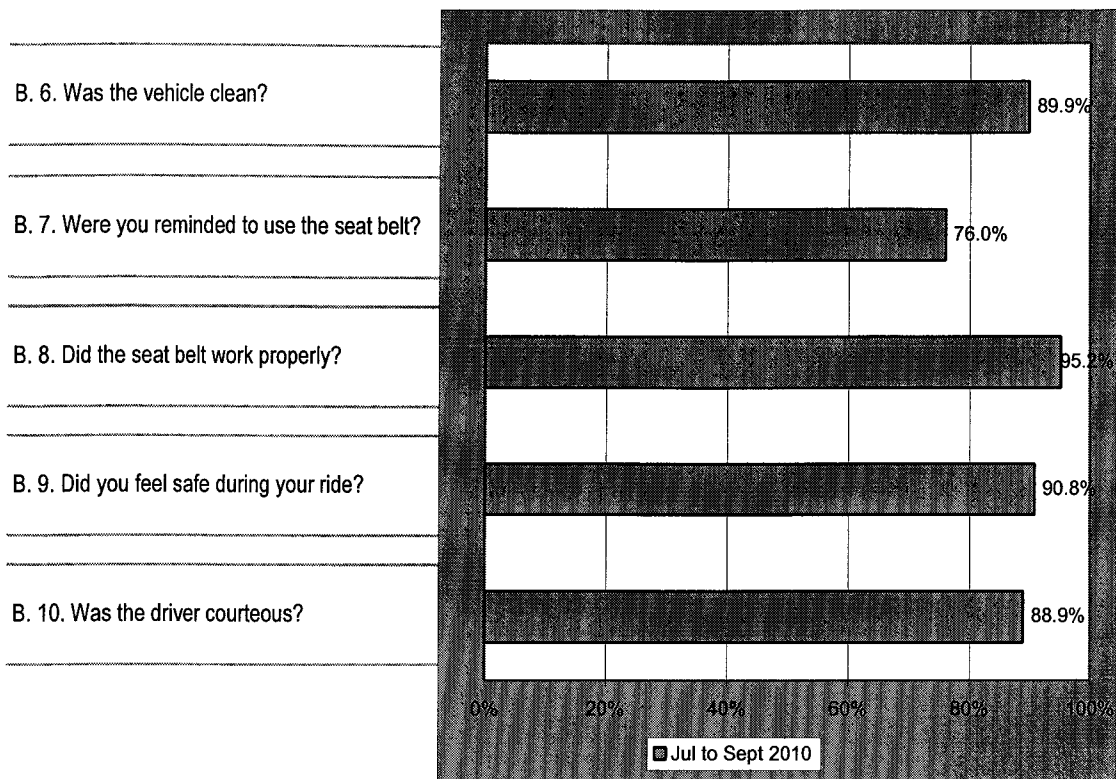
Percent YES responses



Response by rating category

	n	Yes %	No %
B. 1. Did you get a reminder call from the transportation provider before the trip?	572	38.8%	61.2%
B. 2. Did you arrive at your appointment on time?	583	91.4%	8.6%
B. 3. Did the driver introduce themselves to you?	568	49.5%	50.5%
B. 4. For your return ride, did the driver pick you up within an hour after you called them?	566	81.6%	18.4%
B. 5. Was the vehicle easy to get in and out of?	571	86.9%	13.1%

Percent YES responses

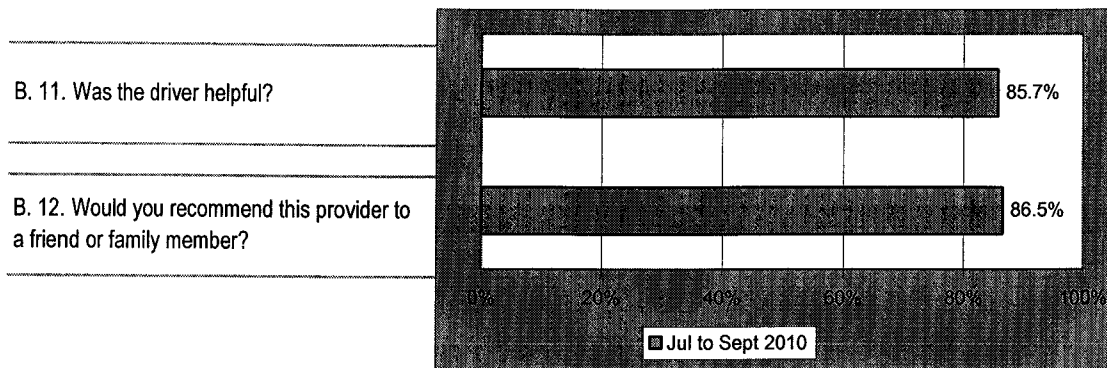


Response by rating category

	n	Yes %	No %
B. 6. Was the vehicle clean?	564	89.9%	10.1%
B. 7. Were you reminded to use the seat belt?	558	76.0%	24.0%
B. 8. Did the seat belt work properly?	558	95.2%	4.8%
B. 9. Did you feel safe during your ride?	567	90.8%	9.2%
B. 10. Was the driver courteous?	570	88.9%	11.1%

2. Survey Results over Three Months

Percent YES responses



Response by rating category

	n	Yes %	No %
B. 11. Was the driver helpful?	568	85.7%	14.3%
B. 12. Would you recommend this provider to a friend or family member?	557	86.5%	13.5%

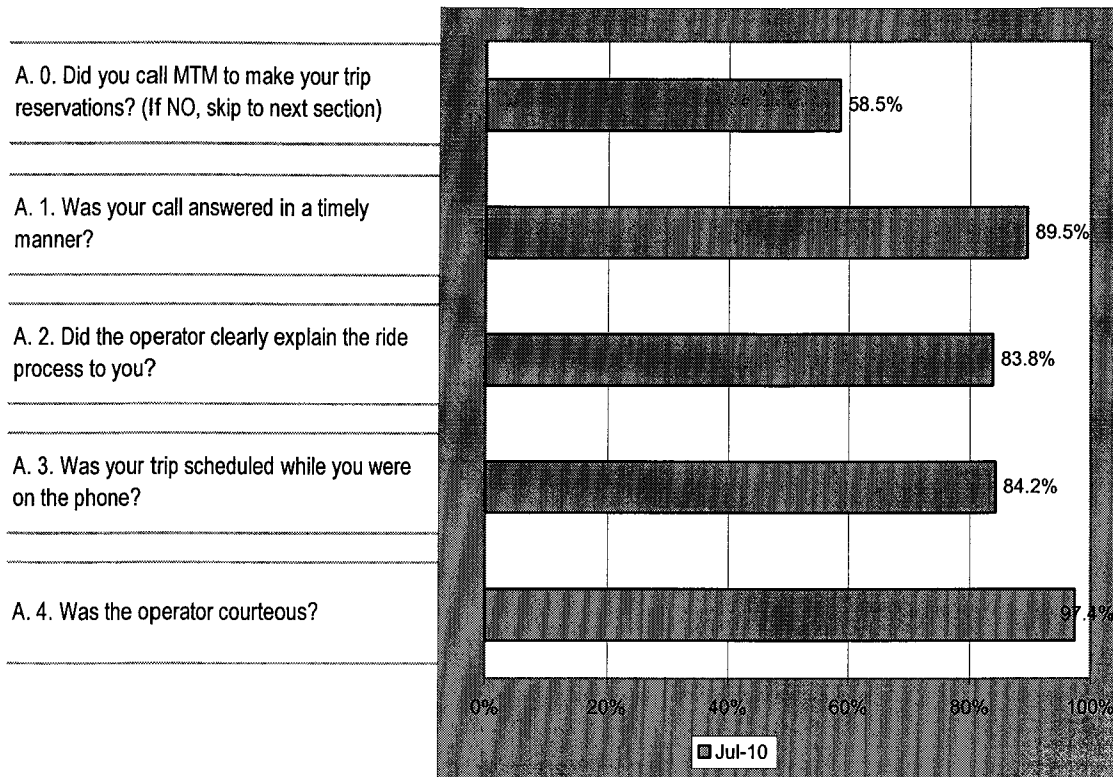
3. Survey Results by Month

This section presents frequency distributions of survey responses by month.

3.1. July results

Call Center

Percent YES responses

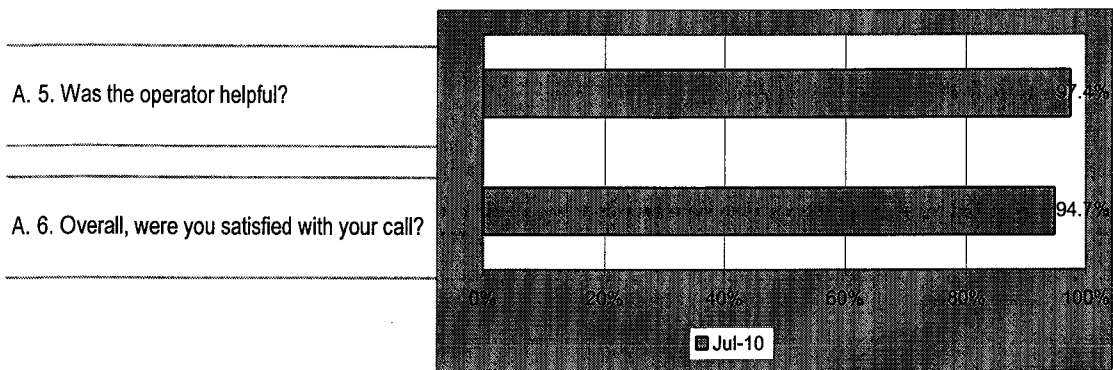


Response by rating category

	n	Yes %	No %
A. 0. Did you call MTM to make your trip reservations? (If NO, skip to next section)	65	58.5%	41.5%
A. 1. Was your call answered in a timely manner?	38	89.5%	10.5%
A. 2. Did the operator clearly explain the ride process to you?	37	83.8%	16.2%
A. 3. Was your trip scheduled while you were on the phone?	38	84.2%	15.8%
A. 4. Was the operator courteous?	38	97.4%	2.6%

3. Survey Results by Month

Percent YES responses

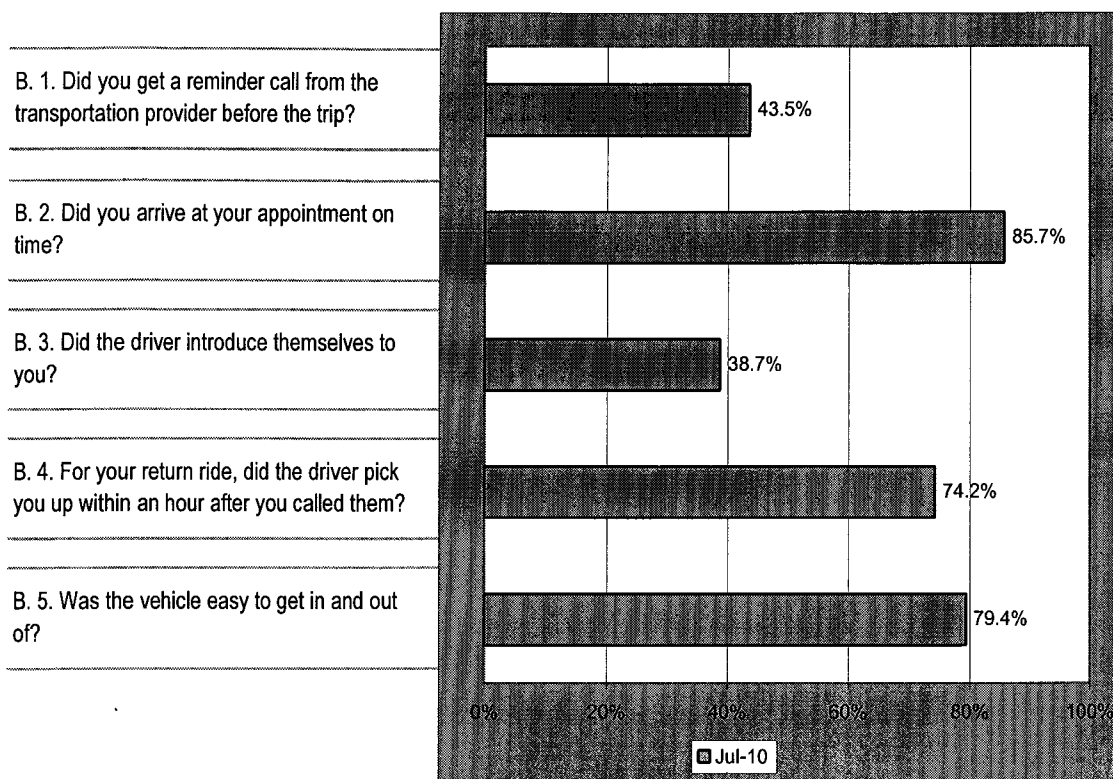


Response by rating category

	n	Yes %	No %
A. 5. Was the operator helpful?	38	97.4%	2.6%
A. 6. Overall, were you satisfied with your call?	38	94.7%	5.3%

Transportation Provider

Percent YES responses

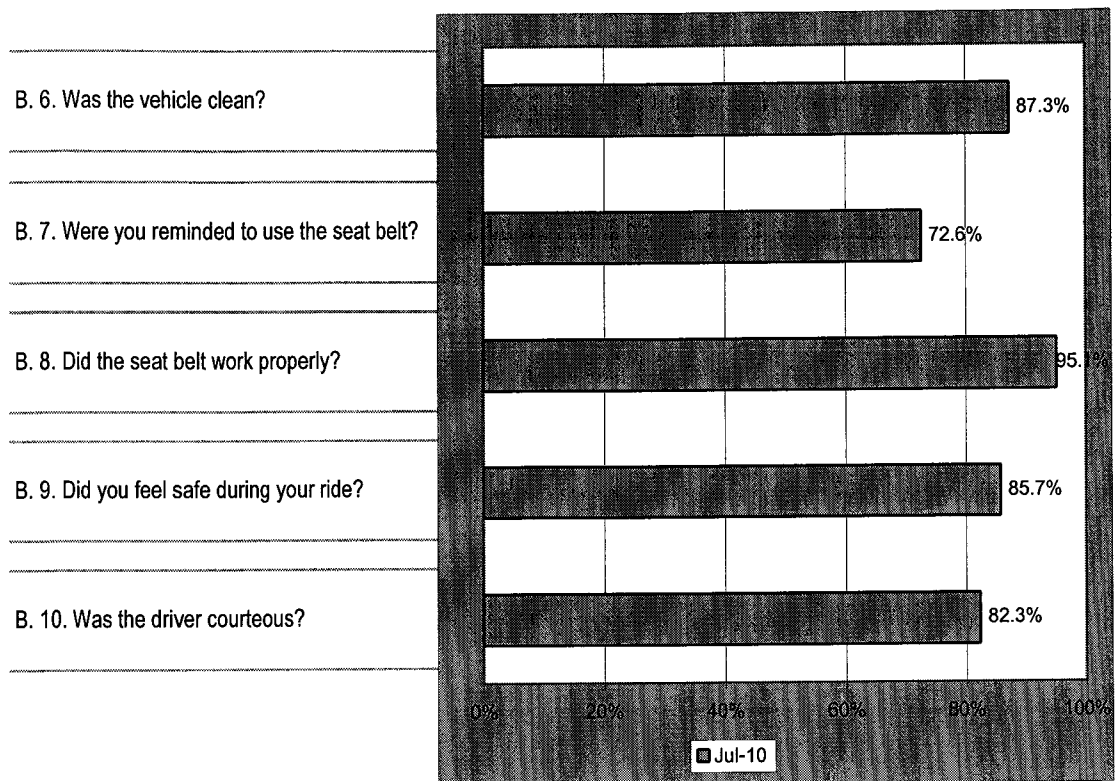


Response by rating category

	n	Yes %	No %
B. 1. Did you get a reminder call from the transportation provider before the trip?	62	43.5%	56.5%
B. 2. Did you arrive at your appointment on time?	63	85.7%	14.3%
B. 3. Did the driver introduce themselves to you?	62	38.7%	61.3%
B. 4. For your return ride, did the driver pick you up within an hour after you called them?	62	74.2%	25.8%
B. 5. Was the vehicle easy to get in and out of?	63	79.4%	20.6%

3. Survey Results by Month

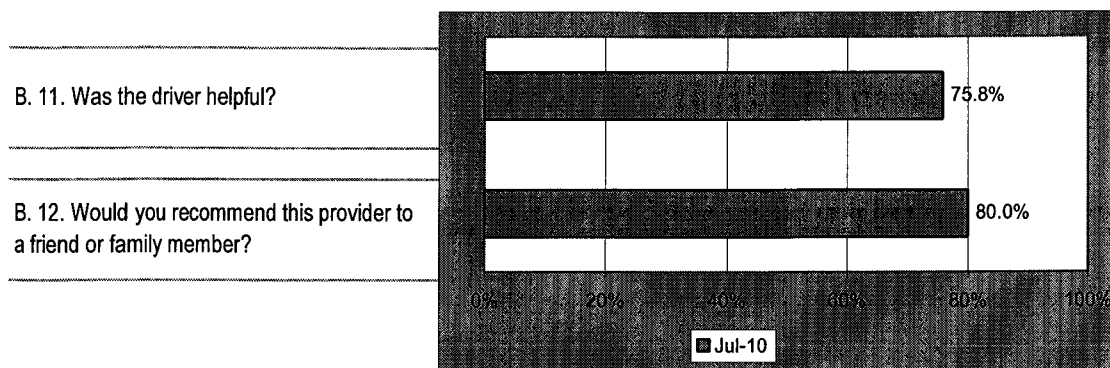
Percent YES responses



Response by rating category

	n	Yes %	No %
B. 6. Was the vehicle clean?	63	87.3%	12.7%
B. 7. Were you reminded to use the seat belt?	62	72.6%	27.4%
B. 8. Did the seat belt work properly?	61	95.1%	4.9%
B. 9. Did you feel safe during your ride?	63	85.7%	14.3%
B. 10. Was the driver courteous?	62	82.3%	17.7%

Percent YES responses



Response by rating category

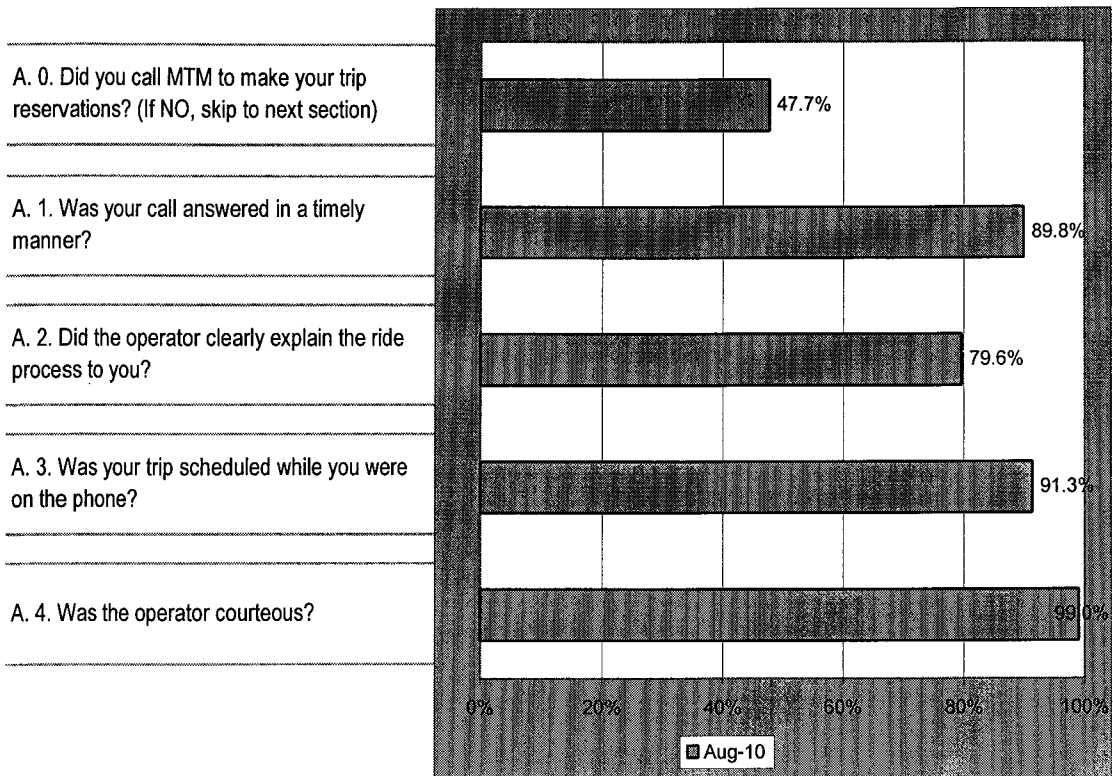
	n	Yes %	No %
B. 11. Was the driver helpful?	62	75.8%	24.2%
B. 12. Would you recommend this provider to a friend or family member?	60	80.0%	20.0%

** Blank cells represent no response.*

3.2. August results

Call Center

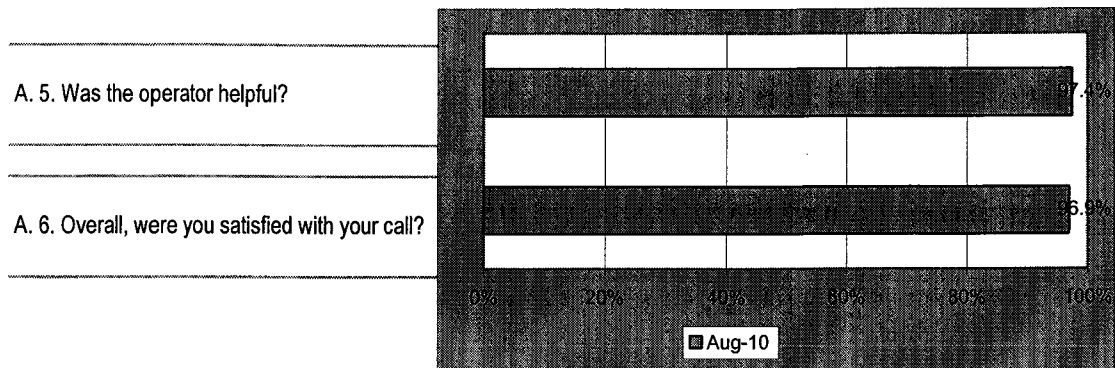
Percent YES responses



Response by rating category

	n	Yes %	No %
A. 0. Did you call MTM to make your trip reservations? (If NO, skip to next section)	415	47.7%	52.3%
A. 1. Was your call answered in a timely manner?	197	89.8%	10.2%
A. 2. Did the operator clearly explain the ride process to you?	196	79.6%	20.4%
A. 3. Was your trip scheduled while you were on the phone?	195	91.3%	8.7%
A. 4. Was the operator courteous?	196	99.0%	1.0%

Percent YES responses

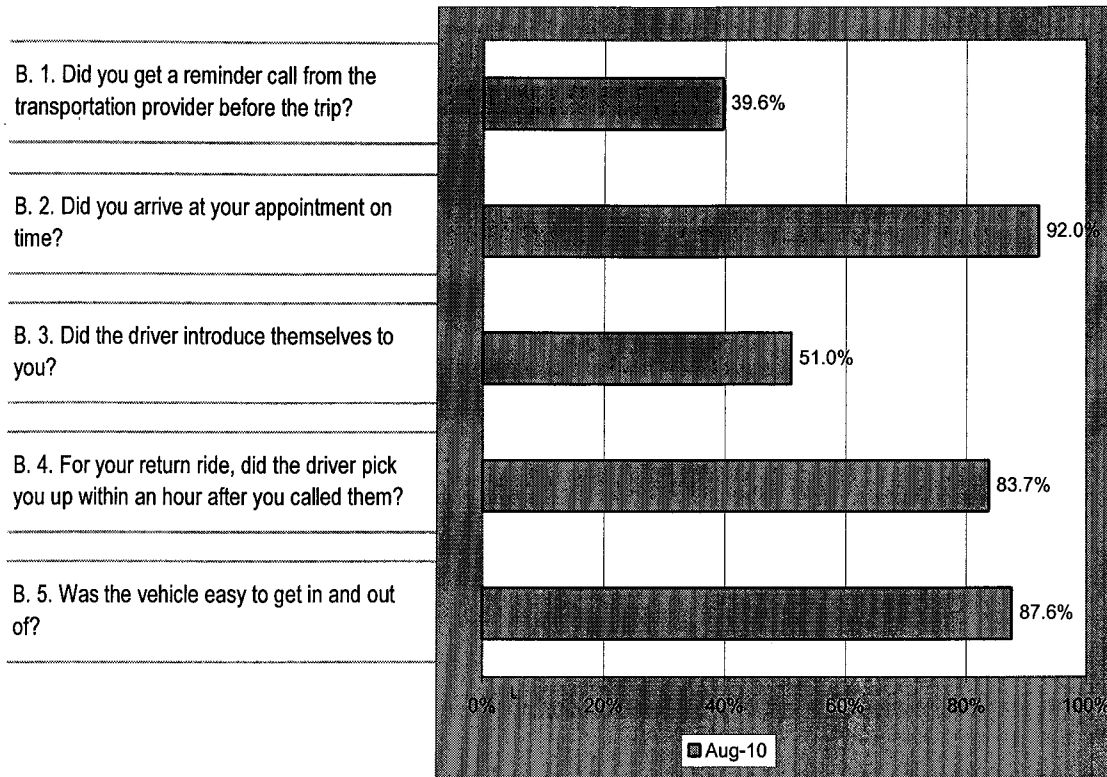


Response by rating category

	n	Yes %	No %
A. 5. Was the operator helpful?	194	97.4%	2.6%
A. 6. Overall, were you satisfied with your call?	194	96.9%	3.1%

Transportation Provider

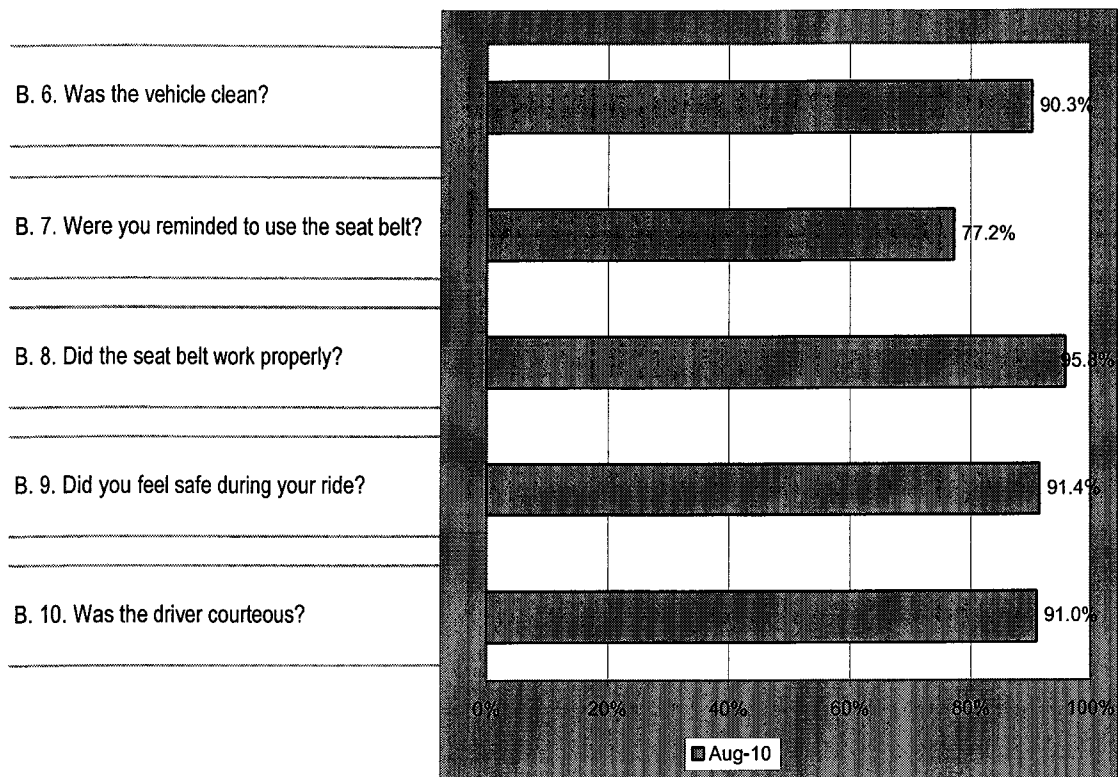
Percent YES responses



Response by rating category

	n	Yes %	No %
B. 1. Did you get a reminder call from the transportation provider before the trip?	409	39.6%	60.4%
B. 2. Did you arrive at your appointment on time?	414	92.0%	8.0%
B. 3. Did the driver introduce themselves to you?	406	51.0%	49.0%
B. 4. For your return ride, did the driver pick you up within an hour after you called them?	405	83.7%	16.3%
B. 5. Was the vehicle easy to get in and out of?	411	87.6%	12.4%

Percent YES responses

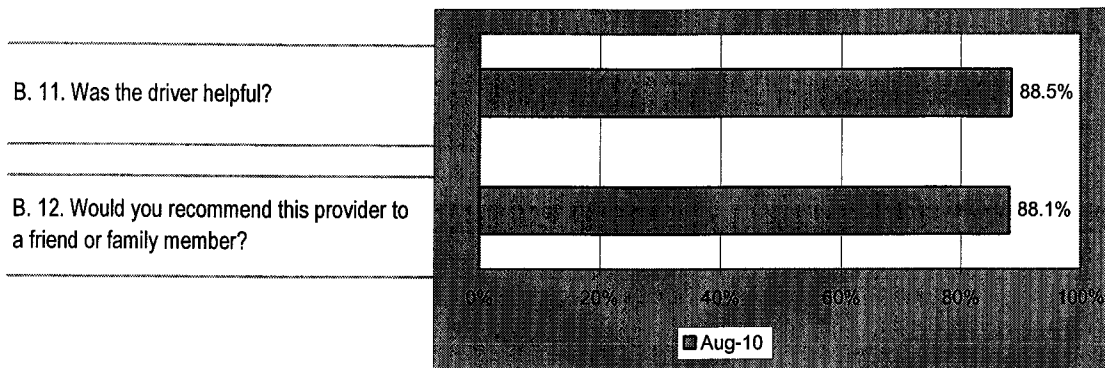


Response by rating category

	n	Yes %	No %
B. 6. Was the vehicle clean?	403	90.3%	9.7%
B. 7. Were you reminded to use the seat belt?	399	77.2%	22.8%
B. 8. Did the seat belt work properly?	403	95.8%	4.2%
B. 9. Did you feel safe during your ride?	409	91.4%	8.6%
B. 10. Was the driver courteous?	409	91.0%	9.0%

3. Survey Results by Month

Percent YES responses



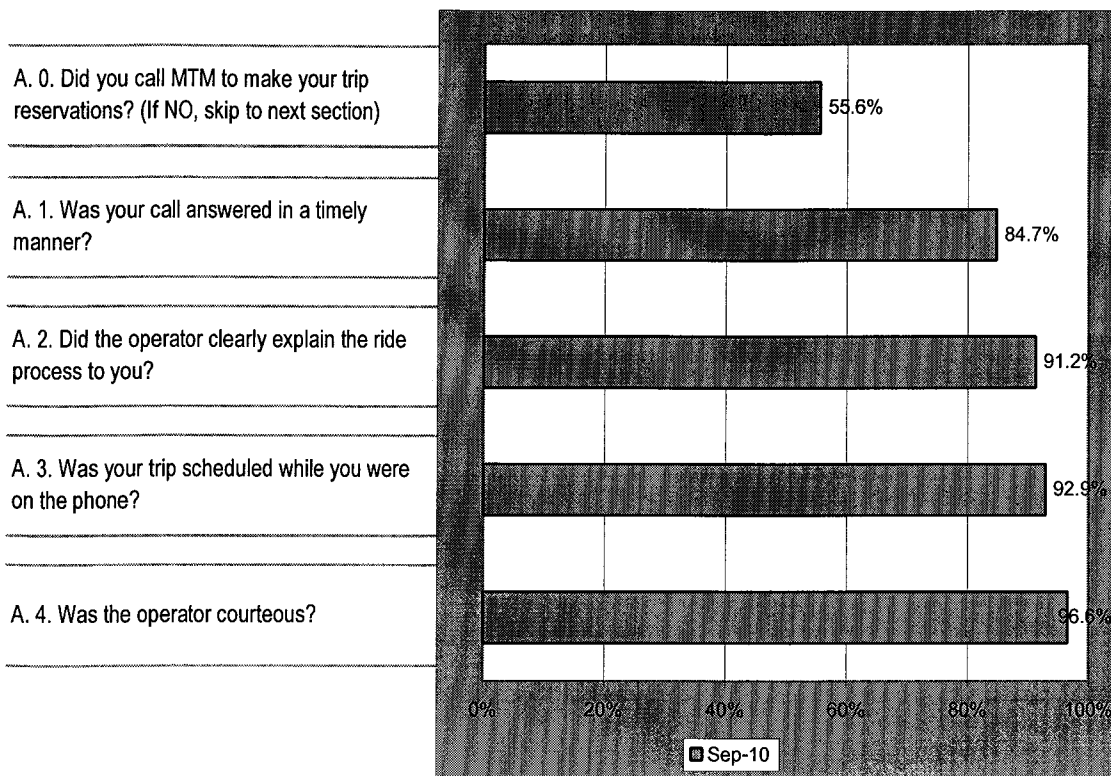
Response by rating category

	n	Yes %	No %
B. 11. Was the driver helpful?	407	88.5%	11.5%
B. 12. Would you recommend this provider to a friend or family member?	403	88.1%	11.9%

3.3. September results

Call Center

Percent YES responses

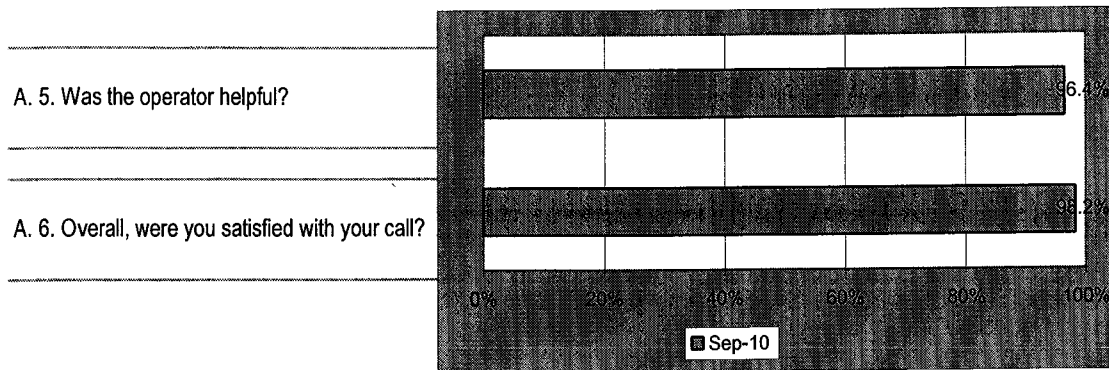


Response by rating category

	n	Yes %	No %
A. 0. Did you call MTM to make your trip reservations? (If NO, skip to next section)	108	55.6%	44.4%
A. 1. Was your call answered in a timely manner?	59	84.7%	15.3%
A. 2. Did the operator clearly explain the ride process to you?	57	91.2%	8.8%
A. 3. Was your trip scheduled while you were on the phone?	56	92.9%	7.1%
A. 4. Was the operator courteous?	58	96.6%	3.4%

3. Survey Results by Month

Percent YES responses

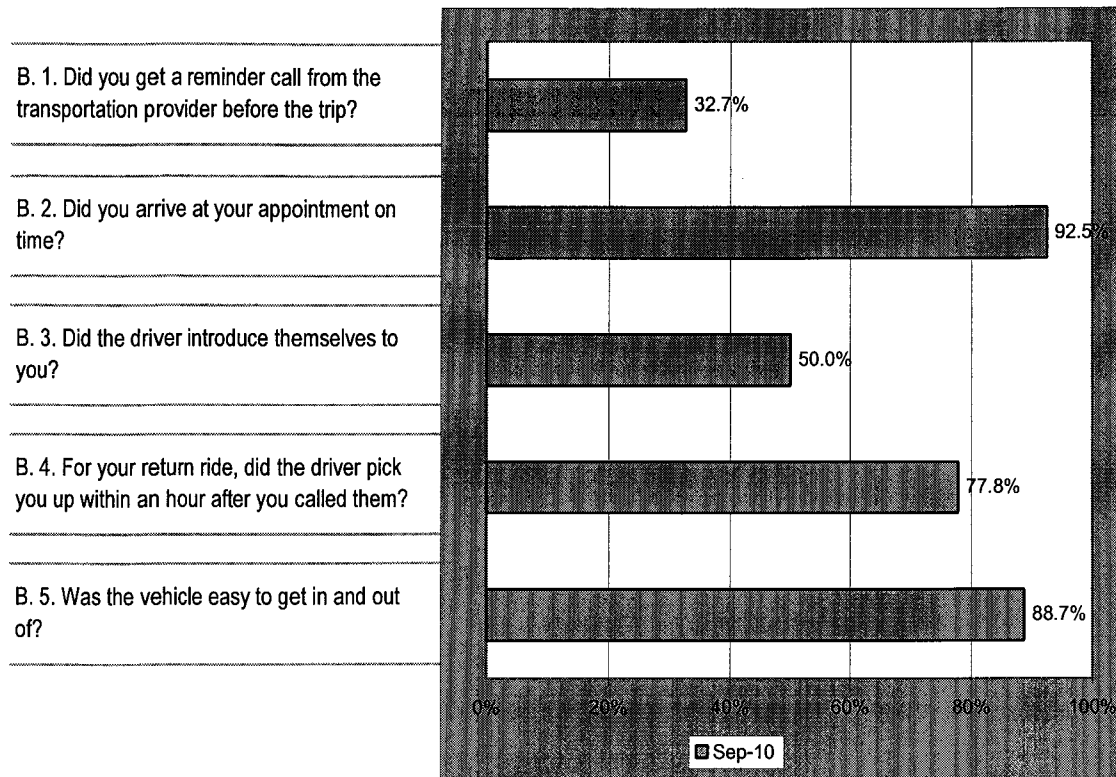


Response by rating category

	n	Yes %	No %
A. 5. Was the operator helpful?	56	96.4%	3.6%
A. 6. Overall, were you satisfied with your call?	57	98.2%	1.8%

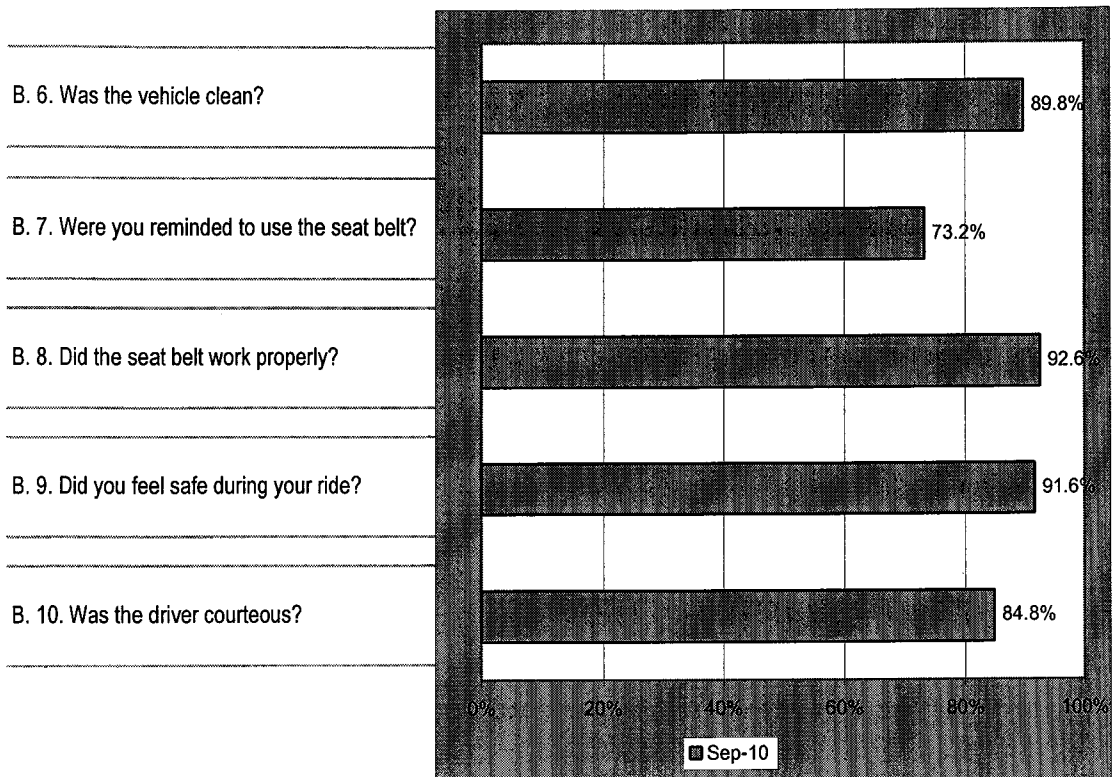
Transportation Provider

Percent YES responses



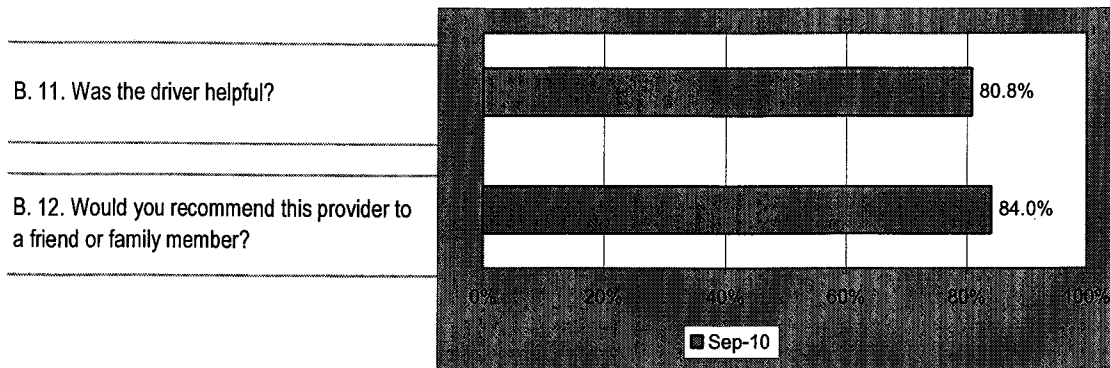
Response by rating category

	n	Yes %	No %
B. 1. Did you get a reminder call from the transportation provider before the trip?	101	32.7%	67.3%
B. 2. Did you arrive at your appointment on time?	106	92.5%	7.5%
B. 3. Did the driver introduce themselves to you?	100	50.0%	50.0%
B. 4. For your return ride, did the driver pick you up within an hour after you called them?	99	77.8%	22.2%
B. 5. Was the vehicle easy to get in and out of?	97	88.7%	11.3%

Percent YES responses*Response by rating category*

	n	Yes %	No %
B. 6. Was the vehicle clean?	98	89.8%	10.2%
B. 7. Were you reminded to use the seat belt?	97	73.2%	26.8%
B. 8. Did the seat belt work properly?	94	92.6%	7.4%
B. 9. Did you feel safe during your ride?	95	91.6%	8.4%
B. 10. Was the driver courteous?	99	84.8%	15.2%

Percent YES responses



Response by rating category

	n	Yes %	No %
B. 11. Was the driver helpful?	99	80.8%	19.2%
B. 12. Would you recommend this provider to a friend or family member?	94	84.0%	16.0%

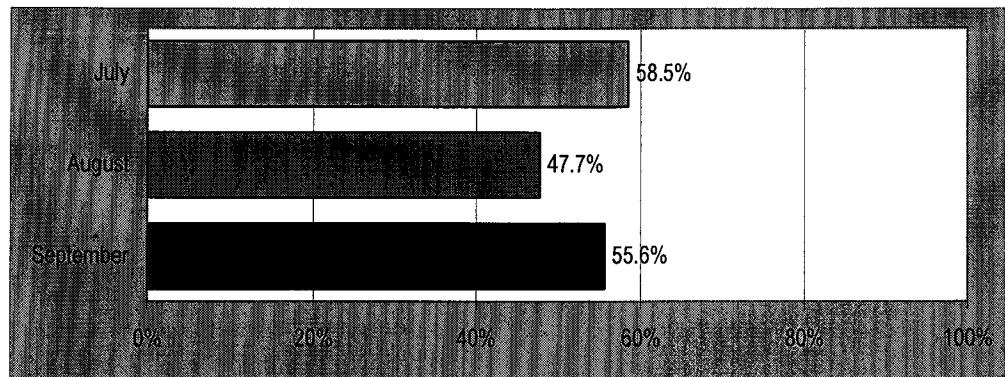
4. Survey Item Comparison by Month

This section provides a comparison of survey responses by month and for each survey item.

Call Center

A. 0. Did you call MTM to make your trip reservations? (If NO, skip to next section)

Percent YES responses



Total number of respondents per group for this item

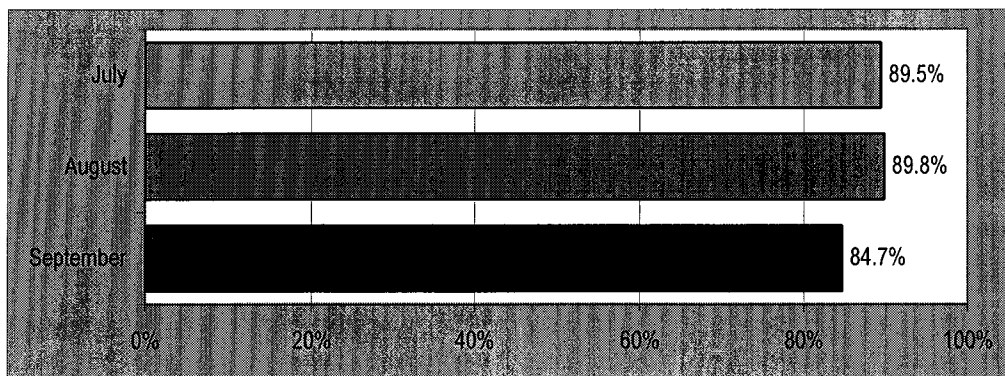
July = 65

August = 415

September = 108

A. 1. Was your call answered in a timely manner?

Percent YES responses



Total number of respondents per group for this item

July = 38

August = 197

September = 59

A. 2. Did the operator clearly explain the ride process to you?

Percent YES responses



Total number of respondents per group for this item

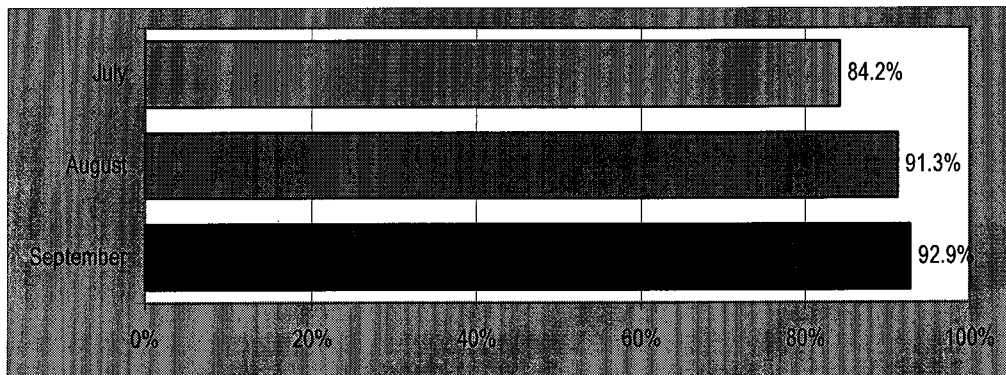
July = 37

August = 196

September = 57

A. 3. Was your trip scheduled while you were on the phone?

Percent YES responses



Total number of respondents per group for this item

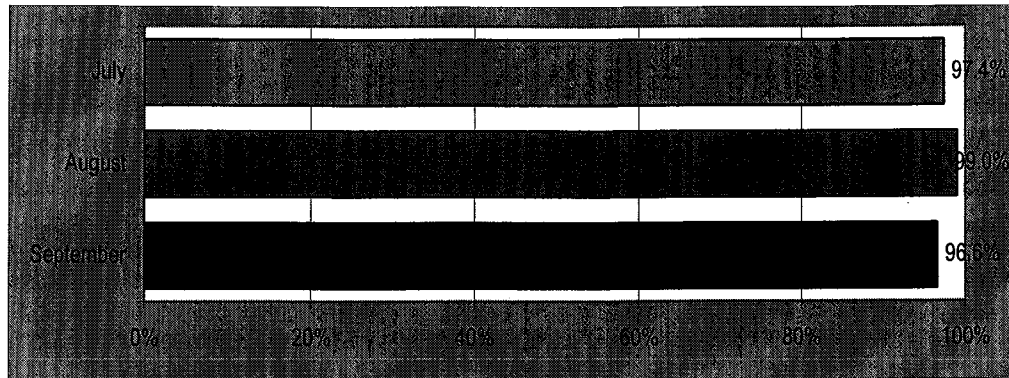
July = 38

August = 195

September = 56

A. 4. Was the operator courteous?

Percent YES responses



Total number of respondents per group for this item

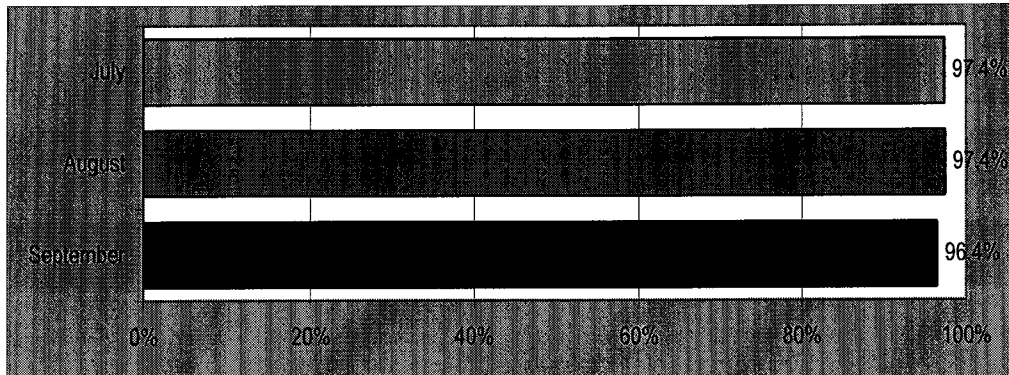
July = 38

August = 196

September = 58

A. 5. Was the operator helpful?

Percent YES responses



Total number of respondents per group for this item

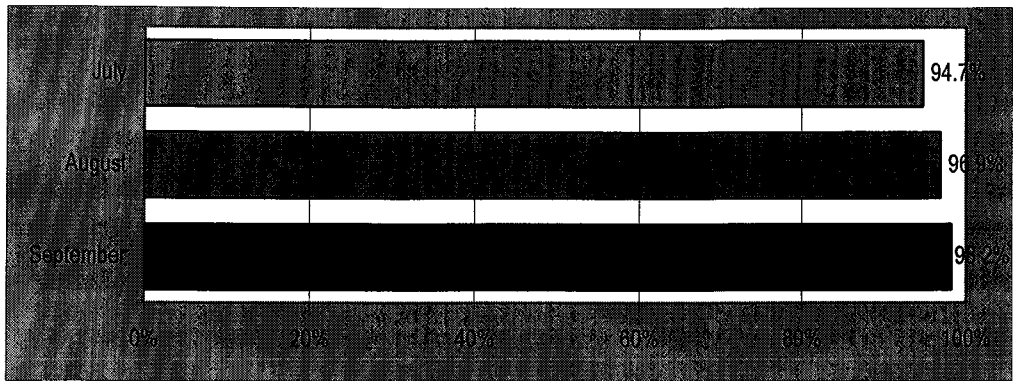
July = 38

August = 194

September = 56

A. 6. Overall, were you satisfied with your call?

Percent YES responses



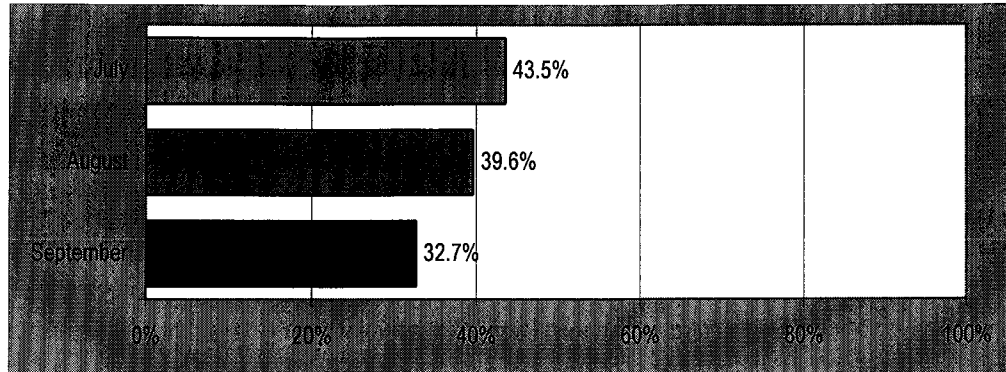
Total number of respondents per group for this item

July = 38

August = 194

September = 57

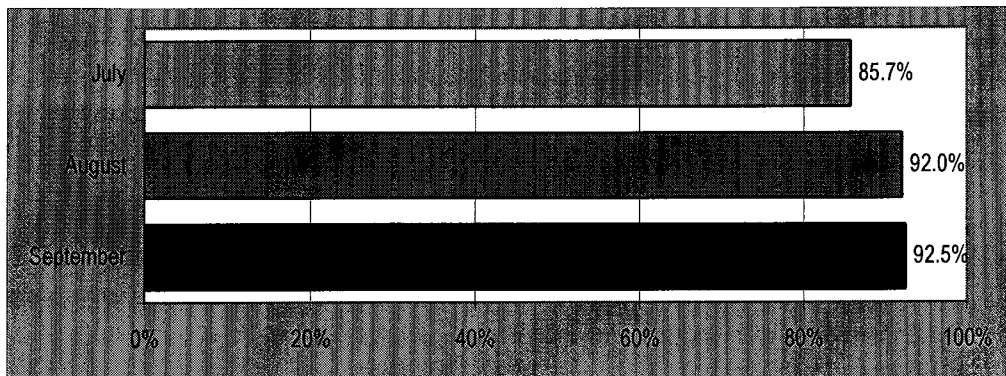
Transportation Provider

B. 1. Did you get a reminder call from the transportation provider before the trip?*Percent YES responses**Total number of respondents per group for this item*

July = 62

August = 409

September = 101

B. 2. Did you arrive at your appointment on time?*Percent YES responses**Total number of respondents per group for this item*

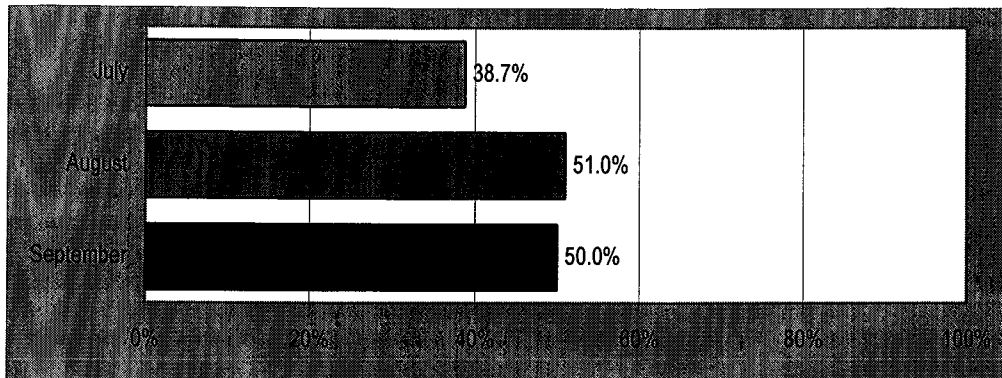
July = 63

August = 414

September = 106

B. 3. Did the driver introduce themselves to you?

Percent YES responses



Total number of respondents per group for this item

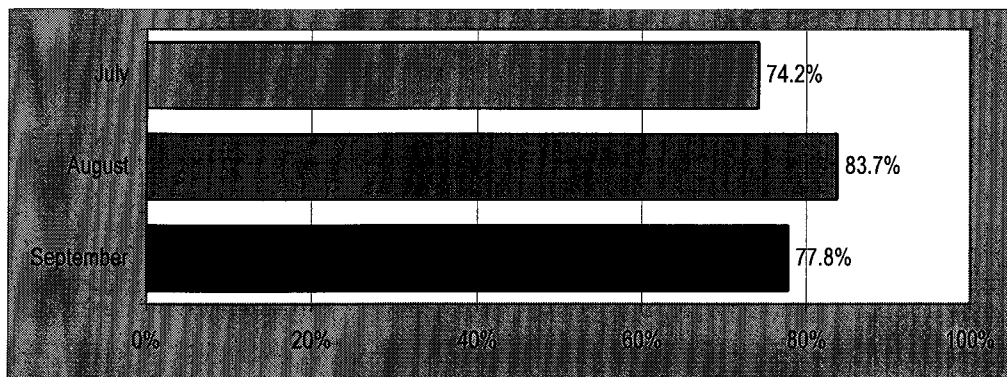
July = 62

August = 406

September = 100

B. 4. For your return ride, did the driver pick you up within an hour after you called them?

Percent YES responses



Total number of respondents per group for this item

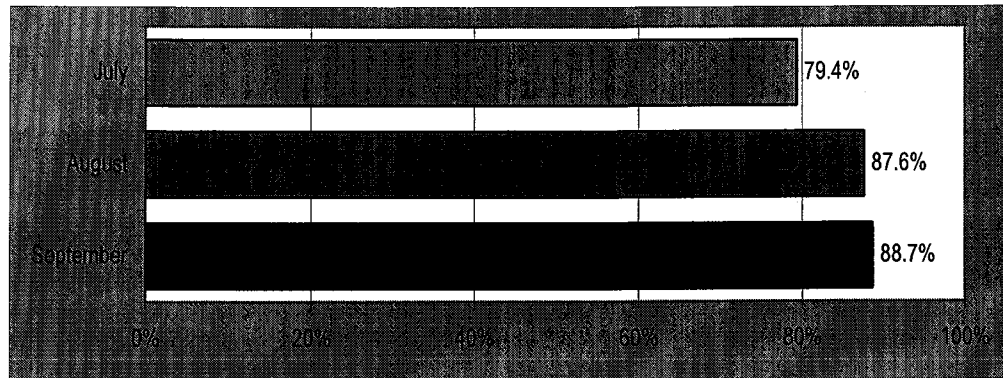
July = 62

August = 405

September = 99

B. 5. Was the vehicle easy to get in and out of?

Percent YES responses



Total number of respondents per group for this item

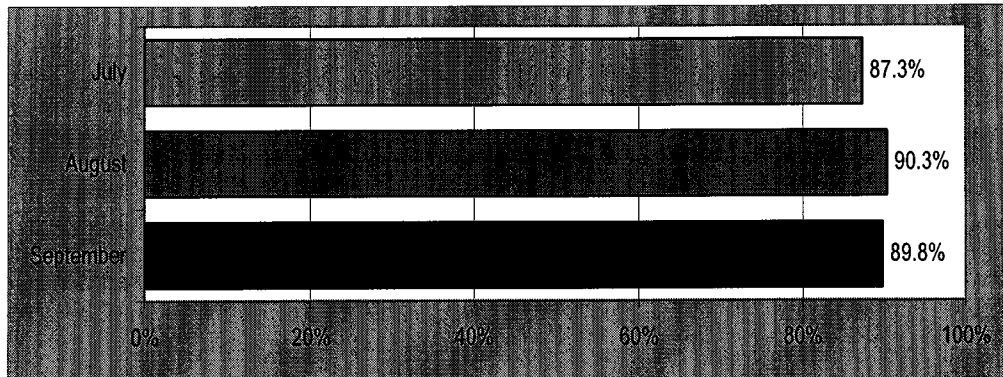
July = 63

August = 411

September = 97

B. 6. Was the vehicle clean?

Percent YES responses



Total number of respondents per group for this item

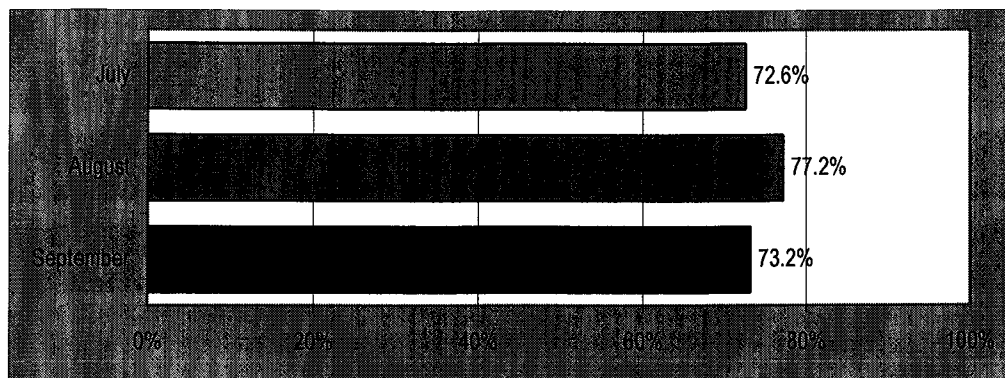
July = 63

August = 403

September = 98

B. 7. Were you reminded to use the seat belt?

Percent YES responses



Total number of respondents per group for this item

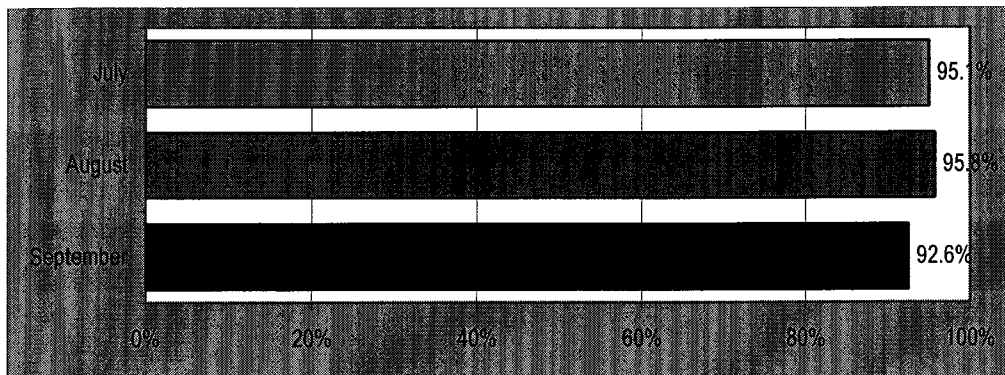
July = 62

August = 399

September = 97

B. 8. Did the seat belt work properly?

Percent YES responses



Total number of respondents per group for this item

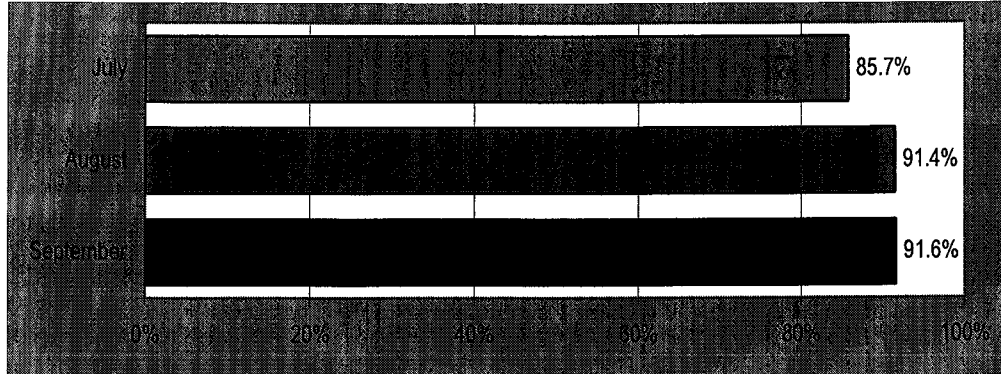
July = 61

August = 403

September = 94

B. 9. Did you feel safe during your ride?

Percent YES responses



Total number of respondents per group for this item

July = 63

August = 409

September = 95

B. 10. Was the driver courteous?

Percent YES responses



Total number of respondents per group for this item

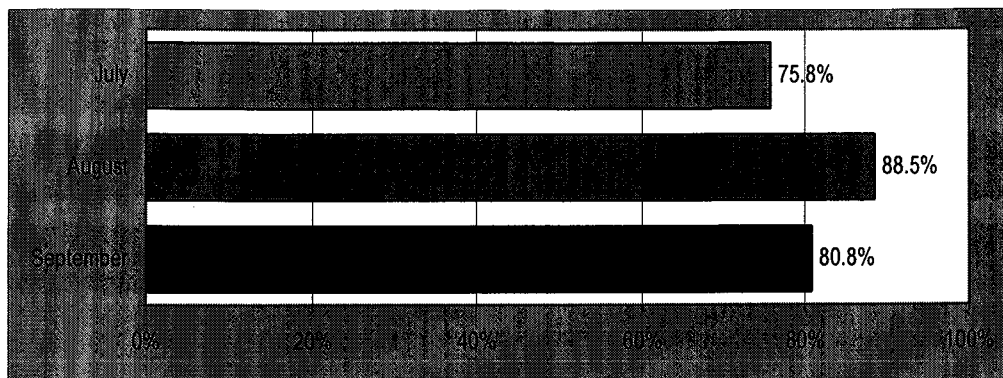
July = 62

August = 409

September = 99

B. 11. Was the driver helpful?

Percent YES responses



Total number of respondents per group for this item

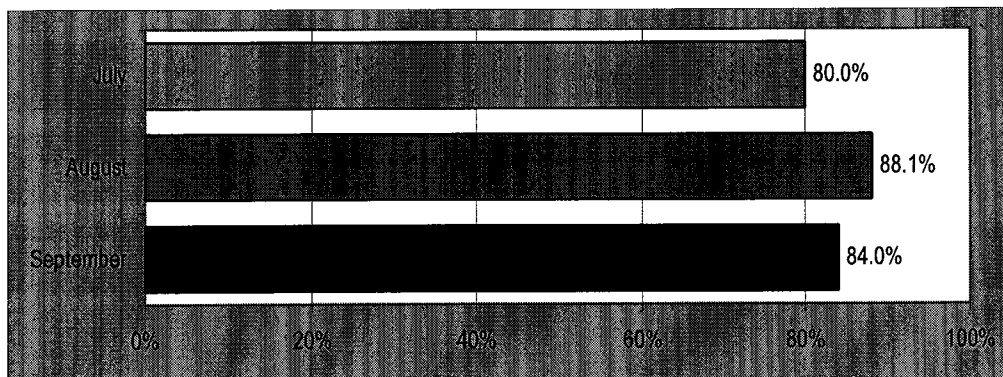
July = 62

August = 407

September = 99

B. 12. Would you recommend this provider to a friend or family member?

Percent YES responses



Total number of respondents per group for this item

July = 60

August = 403

September = 94

NET_PRSCount											
JAN_2011	FEB_2011	MAR_2011	APR_2011	MAY_2011	JUN_2011	JUL_2011	AUG_2011	SEP_2011	OCT_2011	NOV_2011	DEC_2010
27925	29709	31237	30858	29257	30887	24654	31751	29403	30074	21708	28030

Latest 12 month period

Month/Year	Transportation Provider	Completed Trips
October 2010	Meda-Care	7391
October 2010	Ride Right	9585
October 2010	Wheels to Go	2691
November 2010	Meda-Care	6914
November 2010	Ride Right	8957
November 2010	Wheels to Go	2615
December 2010	Meda-Care	7143
December 2010	Ride Right	6402
December 2010	Wheels to Go	2893
January 2011	Meda-Care	7349
January 2011	Ride Right	8104
January 2011	Wheels to Go	2783
February 2011	Meda-Care	7372
February 2011	Ride Right	9594
February 2011	Wheels to Go	2561
March 2011	Meda-Care	8608
March 2011	Ride Right	10919
March 2011	Wheels to Go	3080
April 2011	Meda-Care	8051
April 2011	Ride Right	10212
April 2011	Wheels to Go	3039
May 2011	Meda-Care	8184
May 2011	Ride Right	10478
May 2011	Wheels to Go	3044
June 2011	Meda-Care	8187
June 2011	Ride Right	8020
June 2011	Wheels to Go	3198
July 2011	Meda-Care	7599
July 2011	Ride Right	7719
July 2011	Wheels to Go	3300
August 2011	Meda-Care	9179
August 2011	Ride Right	7203
August 2011	Wheels to Go	3702
September 2011	Meda-Care	8277
September 2011	Ride Right	8318

Month/Year	Transportation Provider	Completed Trips
September 2011	Wheels to Go	3876

DATE	YEAR	MAKE	MODEL	Plate #
10/28/10	2010	Dodge	Grand Caravan SE	EYB-2601
10/28/10	2010	Dodge	Grand Caravan SE	EYB-2602
10/28/10	2010	Dodge	Grand Caravan SE	EYR-5532
10/28/10	2010	Dodge	Grand Caravan SE	EYR-5535
10/28/10	2010	Dodge	Grand Caravan SE	EYR-5537
10/28/10	2010	Dodge	Grand Caravan SE	EYR-5545
10/28/10	2010	Dodge	Grand Caravan SE	EYR-5539
10/28/10	2010	Dodge	Grand Caravan SE	EYR-5544
10/28/10	2010	Dodge	Grand Caravan SE	EYR-5538
10/28/10	2010	Dodge	Grand Caravan SE	EYR-5534
10/28/10	2010	Dodge	Grand Caravan SE	EYR-5533
10/28/10	2010	Dodge	Grand Caravan SE	EYR-5547
10/28/10	2010	Dodge	Grand Caravan SE	EYR-5536
10/28/10	2010	Dodge	Grand Caravan SE	EYB-2972
10/28/10	2010	Dodge	Grand Caravan SE	EYN-4551
10/28/10	2010	Dodge	Grand Caravan SE	EYB-2973
10/28/10	2010	Dodge	Grand Caravan SE	EYN-4759
10/28/10	2010	Dodge	Grand Caravan SE	EYB-2974
10/28/10	2010	Dodge	Grand Caravan SE	EYN-4761
10/28/10	2010	Dodge	Grand Caravan SE	EYN-4550
10/28/10	2010	Dodge	Grand Caravan SE	EYN-4552
10/28/10	2010	Ford	Fusion SE	EYR-7764
10/28/10	2010	Ford	Fusion SE	EYR-7638
10/28/10	2010	Ford	Fusion SE	EYR-7679
10/28/10	2010	Ford	Fusion SE	EYR-7675
10/28/10	2010	Ford	Fusion SE	EYR-7637
10/28/10	2010	Dodge	Grand Caravan SE	FBU-9613
10/28/10	2010	Dodge	Grand Caravan SE	FBU-9617
10/28/10	2010	Dodge	Grand Caravan SE	FBU-9618
10/28/10	2010	Dodge	Grand Caravan SE	FBU-9616
10/28/10	2010	Dodge	Grand Caravan SE	FBU-9817
10/28/10	2010	Dodge	Grand Caravan SE	FBU-9619

10/28/10	2010	Dodge	Grand Caravan SE	FBU-9816
10/28/10	2010	Dodge	Grand Caravan SE	FBV-1037
10/28/10	2010	Dodge	Grand Caravan SE	FBU-9814
10/28/10	2010	Dodge	Grand Caravan SE	FBU-9612
10/28/10	2010	Dodge	Grand Caravan SE	FBU-9815
10/28/10	2010	Dodge	Grand Caravan SE	EZB-5649
10/28/10	2010	Dodge	Grand Caravan SE	EZB-5651
10/28/10	2010	Dodge	Grand Caravan SE	EZB-5652
10/28/10	2010	Dodge	Grand Caravan SE	EZB-5654
10/28/10	2010	Dodge	Grand Caravan SE	EZB-5650
10/28/10	2010	Dodge	Grand Caravan SE	EZB-5653
10/28/10	2010	Dodge	Grand Caravan SE	EZB-5702
10/28/10	2010	Dodge	Grand Caravan SE	FBU-9615
10/28/10	2010	Dodge	Grand Caravan SE	FBU-9624
10/28/10	2010	Dodge	Grand Caravan SE	FBU-9620
10/28/10	2010	Dodge	Grand Caravan SE	FBU-9813
10/28/10	2010	Dodge	Grand Caravan SE	FBU-9812
10/28/10	2010	Dodge	Grand Caravan SE	FBU-9623
10/28/10	2010	Dodge	Grand Caravan SE	FBU-9614
10/28/10	2010	Dodge	Grand Caravan SE	FBU-9621
10/28/10	2010	Dodge	Grand Caravan SE	FBU-9622
10/28/10	2010	Chrysler	Town & Country	DHV-8540
08/04/11	2011	KIA	Sedona	RMG-931
10/28/10	2010	Dodge	Grand Caravan SE	EZL-2043
04/29/11	2010	Chrysler	Town & Country	XGY-7636
05/05/11	2010	Chrysler	Town & Country	CCQ-6404
10/28/10	2010	Chrysler	Town & Country	L283112
10/28/10	2010	Chrysler	Town & Country	FCS-7213
05/10/11	2010	Chrysler	Town & Country	ESY-2099
05/10/11	2010	Chrysler	Town & Country	DQH-4011
8/23/2011	2002	Chevrolet	Venture	1GNDX03E02D312195
8/23/2011	2008	Chevrolet	Uplander LS	1GN DU23118D133061
8/23/2011	2008	Chevrolet	Uplander LS	1GN DU23188D133090

8/23/2011	2007	Chevrolet	Uplander LS	1GNDU23117D125069
8/23/2011	2008	Chevrolet	Uplander LS	1GNDV23W88D111728
8/23/2011	2008	Chevrolet	Uplander LS	1GNDV23W98D185711
8/23/2011	2007	Chrysler	Town & Country	1A4GJ45R37B214306
8/23/2011	2006	Chrysler	Town & Country	1A4GP45R66B745805
8/23/2011	2007	Chrysler	Town & Country	1A4GJ45R97B120267
8/23/2011	2003	Chrysler	Town & Country	2C4GP24R43R272706
8/23/2011	2006	Chrysler	Town & Country	2A4GP54L96R626960`
8/23/2011	2005	Chrysler	Town & Country	2C4GP44R35R567892
8/23/2011	2004	Dodge	Caravan	1D4GP45RX4B508398
8/23/2011	2007	Dodge	Caravan	1D4GP25B47B153448
8/23/2011	2005	Dodge	Caravan	1D4GP45R45B351288
8/25/2011	2006	Dodge	Caravan	2D4GP44L66R606491
8/23/2011	2006	Dodge	Caravan	1D4GP45R86B759696
8/23/2011	2006	Dodge	Caravan	1D4GP25B76B503606
8/23/2011	2004	Dodge	Caravan	1D4GP24R44B507107
8/23/2011	2005	Dodge	Caravan	1D4GP25R25B395150
8/23/2011	2005	Dodge	Caravan	1D4GP24R55B177978
8/23/2011	2006	Dodge	Caravan	2D4GP44L76R800351
8/23/2011	2005	Dodge	Caravan	1D4GP45R25B258088
8/23/2011	2009	Kia	Sedona	KNDUP131926321543
8/23/2011	2008	Kia	Sedona	KNDMB233286194309
8/23/2011	2008	Kia	Sedona	KNDMB233086219076
8/23/2011	2008	Kia	Sedona	KNDMB233286195394
8/23/2011	2005	Kia	Sedona	KNDUP132056698212
8/23/2011	2007	Nissan	Quest	5NIBV28U67N107785
8/23/2011	2004	Nissan	Quest	5N1BV28U24N320079
8/23/2011	2004	Ford	Econoline E250	1FTNE24W84HB39317
8/23/2011	2005	Ford	Econoline E250	1FTNE24W45HB44645
8/23/2011	2006	Ford	Econoline E250	1FTNS24L86HA48274
8/23/2011	2006	Ford	Econoline E250	1FTNE24W16DA36007
8/23/2011	2006	Ford	Econoline E250	1FTNE24W66DB14829
8/23/2011	2007	Ford	Econoline E250	1FTNE24W07DA07664
8/23/2011	2008	Ford	Econoline E250	1FTNE14W48DA35723
8/23/2011	2009	Ford	Econoline E250	1FTNE24L09DA26904
8/23/2011	2009	Ford	Econoline E250	1FTNE24W69DA50196

8/23/2011	2009	Ford	Econoline E250	1FTNE24W49DA52898
8/23/2011	2009	Ford	Econoline E250	1FTNE24W49DA83374
8/23/2011	2009	Ford	Econoline E250	1FTNE24W79DA83370
8/23/2011	2009	Ford	Econoline E250	1FTSS34L19DA67186
8/23/2011	2009	Ford	Econoline E250	1FTNE24W79DA83403
8/23/2011	2002	Ford	Econoline E250	1FTNE24L72HB07348
8/23/2011	2005	Ford	Econoline E250	1FTNE24W25HB44630
8/23/2011	2008	Ford	Econoline E250	1FTNE14W28DA22940
8/23/2011	2010	Ford	Econoline E250	1FTNS2EW4ADA49060
8/23/2011	2010	Ford	Econoline E250	1FTNS2EW6ADA49059
8/23/2011	2010	Ford	Econoline E250	1FTNS2EW4ADA49058
8/23/2011	2010	Ford	Econoline E250	1FTNS2EW6ADA78382
8/23/2011	2010	Ford	Econoline E250	1FTNS2EW8ADA78383
8/23/2011	2010	Ford	Econoline E250	1FTNE2EW3ADA99648
8/23/2011	2010	Ford	Econoline E250	1FTNE2EW9ADA99654
8/23/2011	2011	Ford	Econoline E250	1FTNE2EW1BDA29101
8/23/2011	2011	Ford	Econoline E250	1FTNE2EW0BDA29106
8/23/2011	2011	Ford	Econoline E250	1FTNE2EW9BDA62069
8/23/2011	2011	Ford	Econoline E250	1FTNE2EW3BDA62066
8/23/2011	2011	Ford	Econoline E250	1FTNE2EW1BDA62065
8/23/2011	1997	Lexus	ES 300	JT8BF22G9V5012802
8/25/2011	2008	Nissan	Versa	3N1BC13E18L410305
8/23/2011	2006	Nissan	Altima	1N4AL11D56N359316
8/23/2011	2002	Toyota	Camry	4T1BE32K82U528063
8/23/2011	2003	Toyota	Camry	JTDBE32K930157766
8/23/2011	2003	Toyota	Camry	4T1BE32K93U643580
8/23/2011	2003	Toyota	Corolla	2T1BR32E63CO84165
8/23/2011	1999	Toyota	Avalon	4T1BF18B8XU334651
8/23/2011	2006	Toyota	Corolla	JTDBR32E560069087
8/23/2011	2005	Toyota	Camry	4T1BE32K95U609819
8/23/2011	2008	Toyota	Camry	2T1BR32EX8C874172
8/23/2011	2007	Toyota	Corolla	2T1BR32EX7C843311
8/23/2011	2005	Toyota	Corolla	1NXBR32EX5Z462022
8/23/2011	2005	Toyota	Camry	4T1BE32K25U638952
8/23/2011	2005	Toyota	Camry	4T1BE32K05U388269
8/23/2011	2006	Toyota	Camry	4T1BF32K16U635636

8/23/2011	2007	Toyota	Camry	4T1BE46K27U666074
8/23/2011	2007	Toyota	Camry	4T1BE46K27U677463
8/23/2011	2007	Toyota	Camry	4T1BE46K17U155648
8/23/2011	2002	Toyota	Camry	4T1BE32K53U768818
8/23/2011	2006	Toyota	Scion	JTLKT334764078278
8/23/2011	2006	Toyota	Corolla	JTDBR32E5600069087
	2003	Ford	Taurus	1FAFP53U33G238024
	2003	Ford	Taurus	1FAFP53U53A251599
	2002	Ford	Taurus	1FAFP55U92A177616
	2001	Ford	Taurus	1FAFP55541G129323
	1998	Toyota	Avalon	4T18F18BXWU239068
	1997	Ford	Taurus	1FALP52U9VA224686
	1994	Toyota	Camry	4T1SK12EXRU348603
	1994	Toyota	Camry	4T1SK12E1RU444569
	1995	Toyota	Camry	4T1SK12E15SU584868
	1998	Chevrolet	Malibu LS	1G1NE52M2W6194226
	1993	Toyota	Camry	4T1SK12E0RU416391
	1994	Toyota	Camry	JT2SK12E3N0096093
	1995	Toyota	Camry	4T1SK12E2SU882782
	1996	Toyota	Camry	4T1BG12K4TU944997
	1999	Toyota	Corolla	1NXBR12E3X2167397
	2008	Chevrolet	Express (VAN)	1G8DV13W58D209722